Government of Saskatchewan

Statistical Supplement to the Annual Report for the Year Ending March 31, 1990

Saskatchewan Health

Medical Care Insurance Branch

- Medical Care Insurance Plan
- Supplementary Health Program
- Children's Dental Program

91-05159/

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 1989-90. It contains statistical data concerning the programs administered by the Medical Care Insurance Branch, including the Medical Care Insurance Plan, Supplementary Health Program, and Children's Dental Program.

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Highlights

- Payments by MCIB under its program areas totalled $275.4 million. Administration added a further $6.3 million in expenditures (2.3% of program costs).
- MCIB also made payments in 1989-90 to support the Saskatchewan Medical Association's Continuing Medical Education Fund and to a Dental Residency program.

Medical Care Insurance Plan

- The number of claims received for processing in 1989-90 totalled more than 9.2 million, including claims for cancer services and out-of-province beneficiaries (a 5.5% increase over 1988-89).
- The number of beneficiaries eligible to receive services declined to 1,036,862. Of this number, 85% received services during the year from a physician, 21% from an optometrist, and 11% from a chiropractor.
- Benefits paid for insured services — provided by physicians, optometrists, chiropractors, and dentists — amounted to $253.9 million, an increase of 11.6% on a per capita basis.
- Agreements reached with the various professional associations provided fee increases in 1989-90 as follows:

  physicians — 4.5% April 1, 1989

  optometrists — 4.0% January 1, 1990

  chiropractors — 3.5% April 1, 1989
- Program expenditures by area were:

physicians	$231,305,000
optometrists	7,991,000
chiropractors	13,218,000
dentists	1,413,000

- The overall number of active physicians in Saskatchewan declined at year end to 1,162 from 1,167 in 1988-89. The decline came in rural general practitioners (down 12 to 229), and urban general practitioners (down 17 to 511); however, specialists increased by 24 (to 422), including internal medicine up 8, ophthalmology up 6, and obstetrics and gynaecology up 4.

  Chiropractors showed an increase of 8 to 107. Optometrists increased by one to 91.
- Average payments to active practitioners showed increases across the board:

General Practitioners	$149,100 up	10.9%
Specialists	239,400 up	6.9%
All Physicians	181,900 up	10.2%
Optometrists	84,700 up	5.0%
Chiropractors	119,100 up	6.3%

Highlights (Continued)

Supplementary Health Program

- The average number of beneficiaries under the program fell from 64,443 in 1988-89 to 59,837 in 1989-90.
- Program expenditures per beneficiary rose to $113.26 in 1989-90 from $102.31 the previous year.

Children's Dental Program

- The number of children assigned to dentists by their parents (i.e. registered) increased by 1,191 in 1989-90 to 131,881.
- 91.3% of the eligible children were registered in the program in 1989-90 compared to 90.8% in the previous year.
- The number of Registered Indian children assigned to dentists increased by 9%, and the number visiting a dentist at least once rose by 6%.
- The rates of decayed, missing and filled teeth generally continued to fall among Saskatchewan children.
- The uniform payment to the College of Dental Surgeons for each child seen at least once remained the same as in the previous year at $85.00.

Medical Care Insurance Branch

1989-90 Expenditures

Medical Care Insurance Plan	$257,949,564
Supplementary Health Program	6,776,885
Children's Dental Program	10,685,276
Administration	6,274,932
Continuing Medical Education	318,087
Grants to Support Health Services — Dental Residency	49,854
Total Expenditures	$282,054,598

Notes

1. There is a difference between Medical Care Insurance Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement), certain recoveries, adjustments for retroactive payments, handling of cancer services and services related to sexually transmitted diseases, and payments to Hospital Services Branch on a global basis for medical and optometric services provided in community clinics.

Medical Care Insurance Plan

The Medical Care Insurance Plan provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, chiropractors and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being plan registration. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services — The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services — Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services — Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia — The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures
- obstetrical anaesthesia
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia.
- anaesthesia for pain management.

Diagnostic Services — In Hospital

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

Diagnostic Services — Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology
- laboratory services, including interpretations, provided by a specialist in pathology
- an approved list of laboratory services provided by a physician other than a pathologist
- other diagnostic services provided by a physician.

Preventive Medical Services — Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a

Medical Care Insurance Plan (Continued)

routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions — Eye examinations to determine refractive error.

Optometric Services

Routine and Partial Eye Examinations — Unless special medical factors are present, the frequency of routine examinations to determine refractive error is limited to one in any 24-month period for beneficiaries aged 18 to 64. Beneficiaries of all other ages are eligible for a routine eye examination once every 12 months.

Tonometry — The measuring of intraocular pressure is an insured service when it is provided during a routine eye examination to beneficiaries 40 years of age or more.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral surgery.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the MCIB is received.

Chiropractic Services

Chiropractic visit and x-ray services.

No limits apply to chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province.

Medical Care Insurance Plan (Continued)

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the provinces in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Exclusions

The following services are not insured:

Health services received under other public programs including: The Hospital Services Plan, The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act. MCIB acts as paying agent on behalf of the Provincial Laboratory for the treatment of sexually transmitted diseases.

Diagnosis and treatment of cancer — all services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic. The Medical Care Insurance Branch acts as a paying agent for the Cancer Foundation. The Cancer Foundation refunds MCIB for the cost of cancer services.

The following physician services are excluded:

- travelling
- advice by telephone
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party.
- autopsy.

The following additional services are excluded under the Medical Care Insurance Plan:

- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services — Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs).

Medical Care Insurance Plan (Concluded)

Methods of Payment

The Medical Care Insurance Branch makes payment for insured services by the following methods:

- fee-for-service billing by practitioners based on negotiated fee schedules
- global budget funding for the operation of community clinics. MCIB makes payments to cover the cost of insured services to the Hospital Services Branch, which sets the global budgets and allocates funds to the four community clinics in the province.
- contract payments to specified practitioners for the provision of specified services.

Practitioners may choose to practise entirely outside the Medical Care Insurance Plan, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and levy fines of up to $50,000.

Statistical Tables

Introductory Notes

General — The following tables are based upon Medical Care Insurance Branch payments made during 1989-90 for medical, optometric, chiropractic and dental services provided to Plan beneficiaries as outlined in Table 4, page 22.

A global system of payment for medical and optometric services is used for four community clinics in the province with services being recorded on the same basis as fee-for-service items.

The statistical tables exclude data on cancer services paid by MCIB on behalf of the Saskatchewan Cancer Foundation. The tables also exclude data on services for treatment of sexually transmitted diseases paid by MCIB on behalf of the Provincial Laboratory.

The tables include data on services provided to Saskatchewan residents by practitioners outside the province where noted, but exclude data related to services provided by Saskatchewan practitioners to beneficiaries from other provinces.

Beneficiaries — Beneficiary information, such as the age-sex structure, is based upon records maintained by Health Insurance Registration of Saskatchewan Health.

Date of Payment — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the fiscal year 1989-90 include some services rendered in 1988-89.

Payment Adjustments — The difference between Medical Care Insurance Plan payments shown in the Statement of Expenditures, page 8, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement), certain recoveries, adjustments for retroactive payments, handling of cancer services and services related to sexually transmitted diseases, and the payments to Hospital Services Branch on a global basis for medical and optometric services provided in community clinics.

Statistical tables have not been adjusted for recoveries resulting from professional review activities. The amount of such recoveries is shown in Table 2.

Retroactive Payments — From time to time, the MCIB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data has been adjusted to include the retroactive payments applicable to the time period covered by the report.

Definitions of Service Groupings (Tables 7 to 10)

(a) **Complete Assessments** — A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

Statistical Tables (Continued)

(b) **Partial Assessments or Subsequent Visits** — A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments** — Follow-up assessments by specialists usually following an initial assessment to review the process of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls** — Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; special care home and nursing home routine visit services; and follow-up house calls not specially called.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(g) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services** — All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in radiology.

(j) **Other Diagnostic Procedures** — Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics** — Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia** — All anaesthetic procedures are included in this category (see page 9).

(o) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures** — Comprise special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was more than $17.00 as of April 30, 1975.

Statistical Tables (Continued)

(q) **Minor Therapeutic Procedures** — Comprise special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians** — Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Services by Optometrists** — Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.

(t) **Services by Chiropractors** — Includes visit services and x-ray services provided by chiropractors.

(u) **Dental Services** — Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 12 and 15 to 23)

I. **Physicians**

(a) **General Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban** — A general practitioner who practises in a locality having 10,000 or more residents.

(ii) **Rural** — A general practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association** — A general practitioner who maintains patients' medical records with one or more other physicians.

(iv) **Solo** — A general practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MCIB payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.

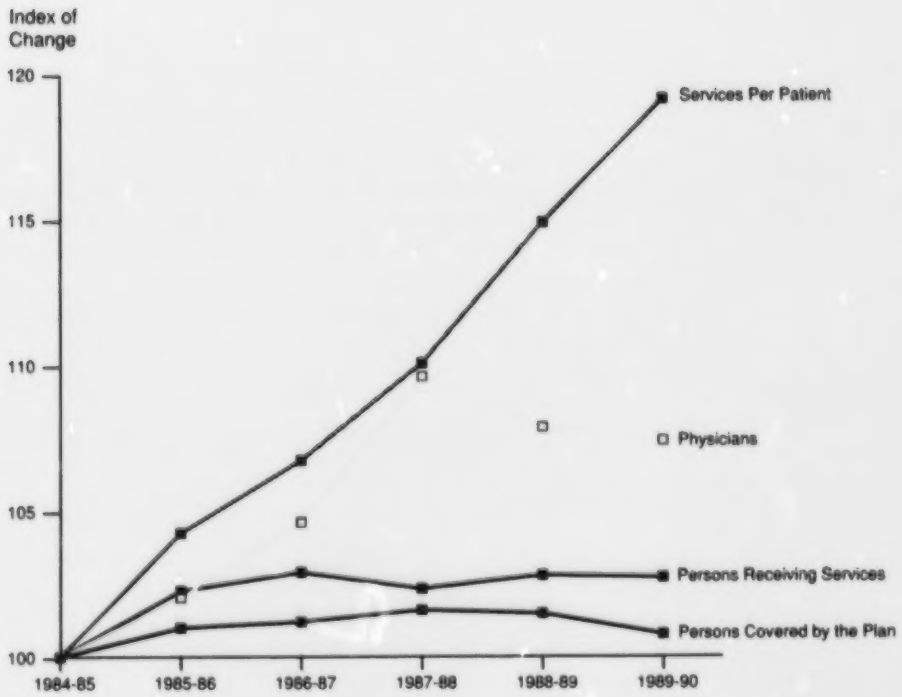
Note: Physiatrists are included with Internists; Medical Geneticists with Paediatricians, and specialists in the combined specialty of Ophthalmology and Otolaryngology are included with Ophthalmologists.

II. **Optometrist** — A practitioner registered by the Saskatchewan Association of Optometrists.

III. **Chiropractor** — A practitioner registered by the Chiropractors' Association of Saskatchewan.

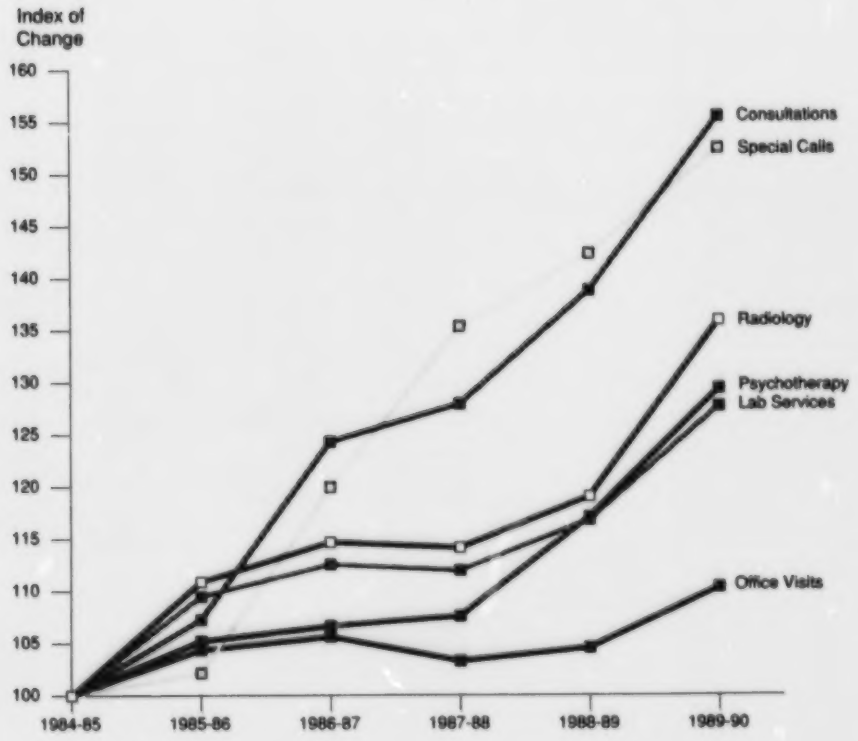
Statistical Tables (Continued)

Figure 1. Annual Per Cent Change in Number of:
Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services
(Indexed to Base Year 1984-85)



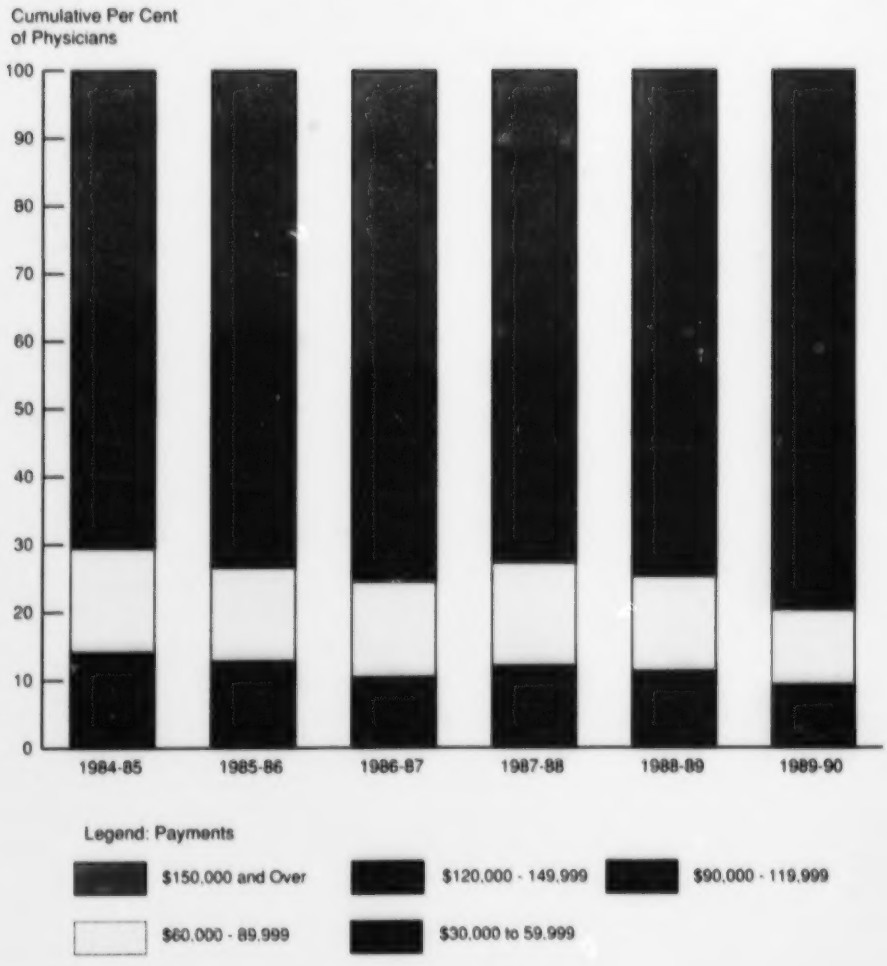
Statistical Tables (Continued)

Figure 2. Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Physician Services
(Indexed to Base Year 1984-85)



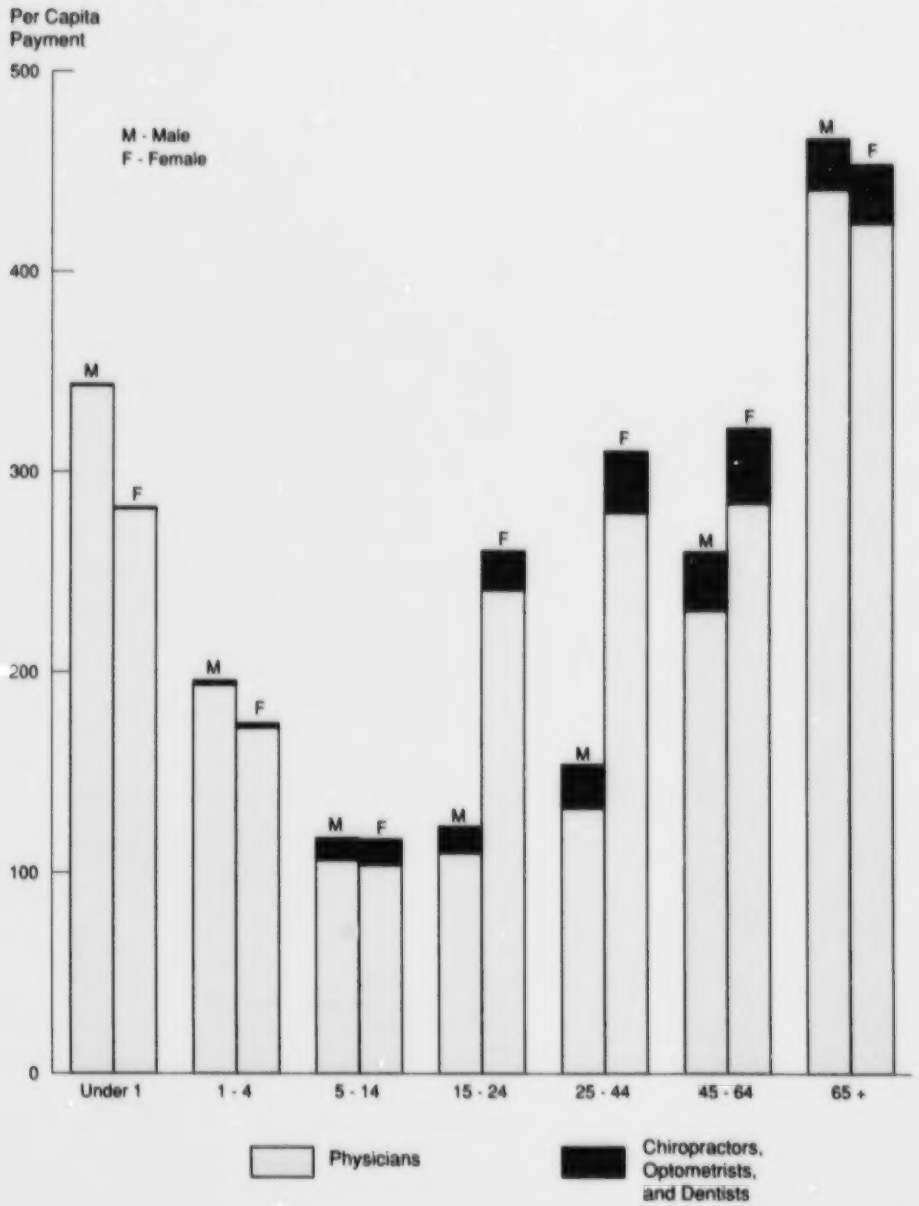
Statistical Tables (Continued)

Figure 3. Per Cent of Physicians by Range of MCIB Payment, 1984-85 to 1989-90



Statistical Tables (Continued)

Figure 4. Per Capita Payments for Insured Services By Age and Sex of Beneficiary



Statistical Tables (Continued)

Table 1. Analysis of Per Cent Change in Annual Gross Payments

Year	Gross Payments for Insured Services (000's)	Per Cent Change Due to: Change in Population	Increase in Fees	Change in Coverage[1]	Change in Value of Claims Inventory[2]	Change in Per Capita Cost[3]	Total Per Cent Change
1985-86	188,735	—	—	—	—	—	—
1986-87	208,866	0.21	5.94	0.21	-0.25	4.56	10.67
1987-88	214,142	0.39	0.03	—	0.47	1.63	2.52
1988-89	229,096	-0.12	1.18	0.58	0.87	4.47	6.98
1989-90	253,927	-0.74	4.45	0.05	-0.29	7.37	10.84
Average Annual Per Cent Change 1985-86 to 1989-90	—	-0.07	2.90	0.21	0.20	4.51	7.75

[1] *Beginning August 1, 1985 four physicians and three chiropractors opted to bill patients outside of the coverage of the Medical Care Insurance Plan. The physicians opted back under the Plan on August 28, 1985, while the chiropractors remained opted out. An adjustment for services provided in the opted out periods reflects the value of the opted out services in 1985-86. In 1986-87, represents the addition of new insured services to the Payment Schedule. In 1988-89, represents the addition of new insured services to the Payment Schedule and the cost impact of reciprocal billing.*

[2] *Increases or decreases in the dollar value of claims on hand for processing compared to the previous year.*

[3] *The change in adjusted gross payments per beneficiary for medical, optometric and chiropractic services.*

Table 2. Adjustments and Recoveries by the Medical Care Insurance Branch

	1988-89		1989-90	
	Number of Practitioners[1]	Adjustment or Recovery (000's)	Number of Practitioners[1]	Adjustment or Recovery (000's)
Routine Assessment[2]	1,903	$6,227.7	1,904	$6,396.2
Special MCIB Studies and Professional Review Activity[3]	3	47.8	12	121.4
Total	—	**$6,275.5**	—	**$6,517.6**

[1] *Practitioners who received a MCIB payment during the year.*

[2] *The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. In 1989-90, these adjustments are prior to retroactive rate increases.*

[3] *The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MCIB and Professional Review Committees.*

Statistical Tables (Continued)

Table 3. Claims Received by Method of Billing

Claims Received from:	Number of Claims Received		Per Cent of Claims Received	
	1988-89	1989-90	1988-89	1989-90
Physicians	**7,566,796**	**7,939,926**	**86.60**	**86.16**
In-Province Claim Forms[1]	5,163,252	4,387,408	59.09	47.61
In-Province Direct Input[1]	2,162,223	3,240,267	24.75	35.16
Out-of-Province Reciprocal Billing[2]	218,325	300,464	2.50	3.26
Other Out-of-Province	22,996	11,787	0.26	0.13
Optometrists	**225,606**	**243,190**	**2.58**	**2.64**
In-Province Claim Forms	211,740	221,061	2.42	2.40
In-Province Direct Input	11,864	19,731	0.14	0.21
Out-of-Province	2,002	2,398	0.02	0.03
Chiropractors	**904,196**	**996,835**	**10.35**	**10.82**
In-Province Claim Forms	507,900	508,263	5.81	5.51
In-Province Direct Input	393,515	485,249	4.51	5.27
Out-of-Province	2,781	3,323	0.03	0.04
Beneficiaries	**41,375**	**34,696**	**0.47**	**0.38**
In-Province	11,431	6,681	0.13	0.07
Out-of-Province	29,944	28,015	0.34	0.31
Total	**8,737,973**	**9,214,647**	**100.00**	**100.00**
Claims Per Employee	**69,349**	**72,556**		

[1] *Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements.*

[2] *Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.*

Note: Includes claims processed on behalf of the Saskatchewan Cancer Foundation.

Statistical Tables (Continued)

Table 4. Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1989		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	8,124	7,824	16,093	13,630	342,934	281,407
1 - 4	34,813	33,006	10,492	9,546	193,561	172,114
5 - 14	84,167	80,452	6,534	6,458	106,233	103,628
15 - 24	81,188	77,098	6,086	15,055	109,736	240,758
25 - 44	160,651	153,810	7,024	16,357	132,164	279,292
45 - 64	89,754	89,640	11,593	15,857	230,652	283,993
65 - 69	19,997	21,913	17,715	18,655	364,396	344,087
70 and over	40,779	53,646	25,834	26,724	478,062	456,281
All Beneficiaries	**519,473**	**517,389**	**9,850**	**15,234**	**184,978**	**261,340**
B. Optometrists						
Under 1	8,124	7,824	1	3	42	77
1 - 4	34,813	33,006	53	54	1,643	1,695
5 - 14	84,167	80,452	265	313	8,314	9,821
15 - 24	81,188	77,098	177	267	5,494	8,201
25 - 44	160,651	153,810	173	275	4,706	7,512
45 - 64	89,754	89,640	421	534	8,530	10,805
65 - 69	19,997	21,913	507	654	10,292	13,227
70 and over	40,779	53,646	546	656	11,096	13,327
All Beneficiaries	**519,473**	**517,389**	**263**	**362**	**6,513**	**8,906**
C. Chiropractors						
Under 1	8,124	7,824	32	42	428	565
1 - 4	34,813	33,006	44	39	566	502
5 - 14	84,167	80,452	140	153	1,777	1,946
15 - 24	81,188	77,098	552	783	6,922	9,782
25 - 44	160,651	153,810	1,268	1,655	15,689	20,468
45 - 64	89,754	89,640	1,543	1,973	19,076	24,411
65 - 69	19,997	21,913	1,347	1,606	16,730	19,913
70 and over	40,779	53,646	969	1,081	12,061	13,416
All Beneficiaries	**519,473**	**517,389**	**899**	**1,158**	**11,153**	**14,349**
D. Dentists						
Under 1	8,124	7,824	2	1	149	72
1 - 4	34,813	33,006	1	1	33	67
5 - 14	84,167	80,452	15	17	870	894
15 - 24	81,188	77,098	14	36	753	1,621
25 - 44	160,651	153,810	23	56	1,253	2,654
45 - 64	89,754	89,640	24	41	1,470	2,388
65 - 69	19,997	21,913	20	22	1,271	1,340
70 and over	40,779	53,646	12	11	738	677
All Beneficiaries	**519,473**	**517,389**	**16**	**34**	**1,012**	**1,716**

Note: Includes out-of-province services and costs.

Statistical Tables (Continued)

Table 5. Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1988-89 Number of Beneficiaries	1988-89 % of Beneficiaries	1988-89 % of Payments	1988-89 % of Services	1989-90 Number of Beneficiaries	1989-90 % of Beneficiaries	1989-90 % of Payments	1989-90 % of Services
A. Physicians Only								
$ 0.00[1]	136,070	13.0	—	—	127,959	12.4	—	—
$ 0.01 - $ 25.00	95,311	9.1	0.7	0.9	90,159	8.7	0.7	0.8
$ 25.01 - $ 50.00	134,748	12.9	2.4	2.8	106,027	10.2	1.7	2.0
$ 50.01 - $ 100.00	181,728	17.4	6.4	7.7	182,794	17.6	5.7	6.8
$100.01 - $ 200.00	202,253	19.4	13.9	16.5	205,746	19.9	12.8	15.2
$200.01 - $ 500.00	190,172	18.2	26.5	31.5	204,563	19.7	27.7	30.9
$500.01 - $1,000.00	73,236	7.0	24.3	22.6	82,068	7.9	24.6	23.4
Over $1,000.00	30,633	3.0	23.8	18.0	37,546	3.6	26.8	20.9
Total	**1,044,151**	**100.0**	**100.0**	**100.0**	**1,036,862**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	824,890	79.0	—	—	810,938	78.2	—	—
$ 0.01 - $25.00	8,876	0.8	1.7	2.9	9,418	0.9	1.8	2.9
$25.01 - $50.00	205,248	19.7	93.6	91.7	210,943	20.3	93.3	91.5
Over $50.00	5,137	0.5	4.7	5.4	5,563	0.6	4.9	5.6
Total	**1,044,151**	**100.0**	**100.0**	**100.0**	**1,036,862**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	926,996	88.8	—	—	916,371	88.4	—	—
$ 0.01 - $ 25.00	29,211	2.8	4.1	4.1	29,169	2.8	3.8	3.8
$ 25.01 - $ 50.00	24,299	2.3	7.9	7.8	22,933	2.2	6.8	6.7
$ 50.01 - $100.00	25,974	2.5	16.3	16.1	26,620	2.6	14.9	14.7
$100.01 - $200.00	22,778	2.2	27.7	27.6	23,469	2.2	25.3	25.3
Over $200.00	14,893	1.4	44.0	44.4	18,300	1.8	49.2	49.5
Total	**1,044,151**	**100.0**	**100.0**	**100.0**	**1,036,862**	**100.0**	**100.0**	**100.0**

[1] *The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year.*

Note: Includes out-of-province services and costs.

Statistical Tables (Continued)

Table 6. Physician Services and Payments by Age and Sex (In- and Out-of-Province)

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured[1]	Treated[2]		Services	Cost	Services	Cost	
Under 1	M	8,124	10,652	100.00	16.09	342.93	12.27	261.55	21.31
	F	7,824	9,933	100.00	13.63	281.41	10.74	221.66	20.65
	T	**15,948**	**20,585**	**100.00**	**14.89**	**312.75**	**11.53**	**242.30**	**21.01**
1 - 4	M	34,813	33,869	97.29	10.49	193.56	10.78	198.96	18.45
	F	33,006	31,863	96.54	9.55	172.11	9.89	178.29	18.03
	T	**67,819**	**65,732**	**96.92**	**10.03**	**183.12**	**10.35**	**188.94**	**18.26**
5 - 9	M	43,337	37,474	86.47	6.83	113.86	7.90	131.69	16.68
	F	41,489	35,789	86.26	6.58	108.00	7.63	125.20	16.40
	T	**84,826**	**73,263**	**86.37**	**6.71**	**111.00**	**7.77**	**128.52**	**16.55**
10 - 14	M	40,830	32,894	80.56	6.22	98.12	7.72	121.79	15.77
	F	38,963	31,926	81.94	6.32	98.97	7.72	120.79	15.65
	T	**79,793**	**64,820**	**81.24**	**6.27**	**98.53**	**7.72**	**121.30**	**15.71**
15 - 19	M	39,721	33,482	84.29	6.31	112.00	7.48	132.87	17.76
	F	38,142	37,678	98.78	12.29	195.80	12.44	198.21	15.94
	T	**77,863**	**71,160**	**91.39**	**9.24**	**153.05**	**10.11**	**167.47**	**16.57**
20 - 24	M	41,467	29,949	72.22	5.87	107.57	8.13	148.94	18.31
	F	38,956	38,087	97.77	17.76	284.78	18.17	291.28	16.03
	T	**80,423**	**68,036**	**84.60**	**11.63**	**193.41**	**13.75**	**228.62**	**16.62**
25 - 29	M	46,609	33,837	72.60	6.31	116.68	8.70	160.72	18.48
	F	45,139	43,818	97.07	19.33	320.53	19.91	330.19	16.58
	T	**91,748**	**77,655**	**84.64**	**12.72**	**216.97**	**15.03**	**256.35**	**17.06**
30 - 34	M	45,016	33,183	73.71	6.75	127.59	9.16	173.08	18.91
	F	42,923	40,055	93.32	16.57	283.91	17.76	304.23	17.13
	T	**87,939**	**73,238**	**83.28**	**11.54**	**203.89**	**13.86**	**244.81**	**17.68**
35 - 39	M	38,242	28,900	75.57	7.29	138.92	9.64	183.82	19.06
	F	36,078	32,834	91.01	14.17	246.51	15.57	270.87	17.40
	T	**74,320**	**61,734**	**83.07**	**10.63**	**191.15**	**12.79**	**230.12**	**17.99**
40 - 44	M	30,784	23,531	76.44	8.17	153.92	10.69	201.36	18.83
	F	29,670	26,617	89.71	14.19	249.74	15.82	278.39	17.60
	T	**60,454**	**50,148**	**82.96**	**11.13**	**200.95**	**13.41**	**242.24**	**18.06**
45 - 49	M	24,225	18,355	75.77	9.20	175.32	12.14	231.39	19.07
	F	23,707	21,046	88.78	14.96	265.02	16.85	298.53	17.72
	T	**47,932**	**39,401**	**82.20**	**12.05**	**219.69**	**14.65**	**267.25**	**18.24**
50 - 54	M	21,904	16,981	77.52	10.54	205.79	13.59	265.45	19.53
	F	21,534	19,202	89.17	15.76	283.13	17.67	317.52	17.97
	T	**43,438**	**36,183**	**83.30**	**13.12**	**244.13**	**15.76**	**293.08**	**18.60**
55 - 59	M	22,103	17,775	80.42	12.29	248.33	15.28	308.80	20.21
	F	22,098	19,440	87.97	16.04	285.70	18.23	324.76	17.81
	T	**44,201**	**37,215**	**84.19**	**14.16**	**267.01**	**16.82**	**317.14**	**18.85**
60 - 64	M	21,522	18,001	83.64	14.65	300.08	17.52	358.77	20.48
	F	22,301	19,825	88.90	16.73	303.30	18.82	341.18	18.13
	T	**43,823**	**37,826**	**86.32**	**15.71**	**301.72**	**18.20**	**349.55**	**19.21**
65 - 69	M	19,997	17,626	88.14	17.72	364.40	20.10	413.41	20.57
	F	21,913	20,112	91.78	18.65	344.09	20.33	374.90	18.44
	T	**41,910**	**37,738**	**90.05**	**18.21**	**353.78**	**20.22**	**392.89**	**19.43**
70 - 74	M	16,222	14,821	91.36	20.68	421.10	22.64	460.91	20.36
	F	19,221	17,944	93.36	20.90	387.13	22.38	414.68	18.53
	T	**35,443**	**32,765**	**92.44**	**20.80**	**402.66**	**22.50**	**435.59**	**19.36**
75 and over	M	24,557	24,840	100.00	29.24	515.89	28.90	509.81	17.64
	F	34,425	34,998	100.00	29.98	494.89	29.49	486.79	16.51
	T	**58,982**	**59,838**	**100.00**	**29.67**	**503.55**	**29.25**	**496.35**	**16.97**
Total all ages	**M**	**519,473**	**426,170**	**82.04**	**9.85**	**184.98**	**12.01**	**225.48**	**18.78**
	F	**517,389**	**481,167**	**93.00**	**15.23**	**261.34**	**16.38**	**281.01**	**17.16**
	T	**1,036,862**	**907,337**	**87.51**	**12.54**	**223.08**	**14.33**	**254.93**	**17.80**

[1] *As at June 30, 1989.*
[2] *Population treated at any time during the fiscal year.*

Statistical Tables (Continued)

Table 7. Services by Type of Service

Type of Service[1]	Number of Services (000's) 1988-89	Number of Services (000's) 1989-90	Number of Services Per 1,000 Beneficiaries 1988-89	Number of Services Per 1,000 Beneficiaries 1989-90	Per Cent Change 1988-89 to 1989-90
In-Province Physician Services	**12,220.7**	**12,617.3**	**11,704**	**12,169**	**3.97**
Complete Assessments	381.2	379.4	365	366	0.27
Partial Assessments	3,999.0	4,044.1	3,830	3,900	1.83
Minor Assessments	151.9	156.2	145	151	4.14
Special Calls	618.5	634.3	592	612	3.38
Hospital Care	1,107.6	1,143.4	1,061	1,103	3.96
Psychotherapy	257.5	272.7	247	263	6.48
	6,515.7	**6,630.1**	**6,240**	**6,395**	**2.48**
Consultations	**390.6**	**428.6**	**383**	**413**	**7.83**
Laboratory Services	2,868.7	3,003.2	2,747	2,896	5.42
Diagnostic Radiology	228.1	249.9	219	241	10.05
Other Diagnostic Procedures	1,143.7	1,195.1	1,095	1,153	5.30
	4,240.5	**4,448.2**	**4,061**	**4,290**	**5.64**
Major Surgery	94.9	100.5	91	97	6.59
Minor Surgery	265.9	282.0	254	272	7.09
Obstetrics	20.5	21.0	20	20	—
Anaesthesia	213.1	227.8	204	220	7.84
Surgical Assistance	65.5	64.5	63	62	-1.59
	659.9	**695.8**	**632**	**671**	**6.17**
Major Therapeutic Procedures	71.3	77.4	68	75	10.29
Minor Therapeutic Procedures	316.4	320.7	303	309	1.98
	387.7	**398.1**	**371**	**384**	**3.50**
Refractions by Physicians	17.3	16.5	17	16	-5.88
In-Province Dental Services	**22.8**	**26.6**	**22**	**26**	**18.18**
In-Province Optometric Services	**308.1**	**318.7**	**295**	**307**	**4.07**
Refractions by Optometrists	208.9	214.7	200	207	3.50
Other Optometric Services	99.2	104.0	95	100	5.26
In-Province Chiropractor Services	**955.1**	**1,039.1**	**915**	**1,002**	**9.51**
Chiropractic Visit Services	943.8	1,028.1	904	992	9.73
Chiropractic X-Ray Services	11.3	11.0	11	10	-9.09
Out-of-Province Services					
Physician Services	326.6	381.0	313	367	17.25
Dental Services	0.1	0.1	—	—	—
Optometric Services	4.9	5.2	5	5	—
Chiropractor Services	23.4	26.8	22	26	18.18
All Services	**13,861.7**	**14,414.8**	**13,276**	**13,902**	**4.72**

[1] *The "Introductory Notes", page 13, describe inclusions in these classifications.*

Statistical Tables (Continued)

Table 8. Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 1988-89	Dollar Payments (000's) 1989-90	Dollar Payments Per 1,000 Beneficiaries 1988-89	Dollar Payments Per 1,000 Beneficiaries 1989-90	Per Cent Change 1988-89 to 1989-90
In-Province Physician Services	**200,191**	**220,648**	**191,726**	**212,804**	**10.99**
Complete Assessments	12,086	12,746	11,575	12,293	6.20
Partial Assessments	63,122	70,048	60,453	67,558	11.75
Minor Assessments	2,358	2,663	2,258	2,568	13.73
Special Calls	9,684	10,202	9,274	9,840	6.10
Hospital Care	9,773	10,882	9,360	10,495	12.13
Psychotherapy	5,380	6,125	5,153	5,907	14.63
	102,403	**112,666**	**98,073**	**108,661**	**10.80**
Consultations	**20,043**	**22,344**	**19,196**	**21,550**	**12.26**
Laboratory Services	14,760	17,156	14,136	16,546	17.05
Diagnostic Radiology	7,298	8,179	6,990	7,888	12.85
Other Diagnostic Procedures	14,498	16,073	13,884	15,501	11.65
	36,556	**41,408**	**35,010**	**39,935**	**14.07**
Major Surgery	18,911	20,618	18,111	19,885	9.80
Minor Surgery	3,454	3,535	3,308	3,409	3.05
Obstetrics	3,480	3,702	3,333	3,571	7.14
Anaesthesia	9,286	9,917	8,893	9,565	7.56
Surgical Assistance	1,854	1,973	1,776	1,902	7.09
	36,985	**39,745**	**35,421**	**38,332**	**8.22**
Major Therapeutic Procedures	1,935	2,132	1,853	2,056	10.96
Minor Therapeutic Procedures	1,838	1,919	1,760	1,851	5.17
	3,773	**4,051**	**3,613**	**3,907**	**8.14**
Refractions by Physicians	431	434	413	419	1.45
In-Province Dental Services	**1,226**	**1,399**	**1,174**	**1,349**	**14.91**
In-Province Optometric Services	**7,347**	**7,849**	**7,037**	**7,570**	**7.57**
Refractions by Optometrists	6,458	6,872	6,185	6,627	7.15
Other Optometric Services	889	977	852	943	10.68
In-Province Chiropractor Services	**11,344**	**12,894**	**10,864**	**12,435**	**14.46**
Chiropractic Visit Services	11,102	12,665	10,633	12,215	14.88
Chiropractic X-Ray Services	242	229	231	220	-4.76
Out-of-Province Services					
Physician Services	8,563	10,657	8,201	10,278	25.33
Dental Services	22	14	21	14	-33.33
Optometric Services	130	142	124	137	10.48
Chiropractor Services	273	324	262	313	19.47
All Services	**229,096**	**253,927**	**219,409**	**244,900**	**11.62**

[1] *The "Introductory Notes", page 13, describe inclusions in these classifications.*

Statistical Tables (Continued)

Table 9. Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	1988-89			1989-90		
	General Practitioners ($)	Specialists ($)	All Practitioners ($)	General Practitioners ($)	Specialists ($)	All Practitioners ($)
In-Province Physician Services	**13.57**	**21.71**	**16.38**	**14.81**	**21.93**	**17.49**
Complete Assessments	30.37	43.54	31.70	32.14	46.25	33.60
Partial Assessments	15.55	21.32	15.78	17.09	22.74	17.32
Minor Assessments	—	15.52	15.52	—	17.05	17.05
Special Calls	15.21	19.67	15.66	15.64	19.99	16.08
Hospital Care	8.18	10.65	8.82	8.77	11.50	9.52
Psychotherapy	16.31	29.79	20.90	17.73	31.12	22.46
	15.38	18.19	15.72	16.66	19.31	16.99
Consultations	**36.13**	**51.68**	**50.16**	**37.59**	**53.53**	**52.14**
Laboratory Services	3.30	6.65	5.15	3.25	7.10	5.71
Diagnostic Radiology	—	31.99	31.99	—	32.73	32.73
Other Diagnostic Procedures	8.04	14.15	12.68	8.32	14.96	13.45
	4.14	11.24	8.62	4.27	11.51	9.31
Major Surgery	103.44	223.24	199.18	104.17	227.81	205.20
Minor Surgery	11.56	23.49	12.99	11.00	23.88	12.53
Obstetrics	159.06	187.29	169.75	166.91	191.10	176.43
Anaesthesia	42.31	44.00	43.58	41.98	43.99	43.53
Surgical Assistance	28.04	30.63	28.31	30.25	34.35	30.60
	28.06	93.43	56.05	27.49	95.02	57.12
Major Therapeutic Procedures	32.36	26.22	27.14	32.75	26.61	27.53
Minor Therapeutic Procedures	5.38	8.49	5.81	5.51	8.87	5.98
	6.40	18.83	9.73	6.61	19.39	10.18
Refractions by Physicians	23.06	28.72	24.91	24.33	30.05	26.34
In-Province Dental Services	—	—	**53.62**	—	—	**52.56**
In-Province Optometric Services	—	—	**23.84**	—	—	**24.63**
Refractions by Optometrists	—	—	30.91	—	—	32.01
Other Optometric Services	—	—	8.96	—	—	9.40
In-Province Chiropractor Services	—	—	**11.88**	—	—	**12.41**
Chiropractic Visit Services	—	—	11.76	—	—	12.32
Chiropractic X-Ray Services	—	—	21.34	—	—	20.78
Out-of-Province Services						
Physician Services	20.07	32.94	26.22	22.14	33.55	27.97
Dental Services	—	—	228.81	—	—	115.67
Optometric Services	—	—	26.69	—	—	27.56
Chiropractor Services	—	—	11.68	—	—	12.13
All Services	**13.71**	**22.11**	**16.53**	**14.98**	**22.39**	**17.62**

[1] *The "Introductory Notes", page 13, describe inclusions in these classifications.*

Statistical Tables (Continued)

Table 10. Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	1988-89	1989-90	1988-89	1989-90
In-Province Physician Services	**88.16**	**87.53**	**87.38**	**86.89**
Complete Assessments	2.75	2.63	5.27	5.02
Partial Assessments	28.85	28.06	27.55	27.59
Minor Assessments	1.10	1.09	1.03	1.05
Special Calls	4.46	4.40	4.23	4.02
Hospital Care	7.99	7.93	4.27	4.28
Psychotherapy	1.86	1.89	2.35	2.41
	47.01	46.00	44.70	44.37
Consultations	**2.88**	**2.97**	**8.75**	**8.80**
Laboratory Services	20.69	20.83	6.44	6.76
Diagnostic Radiology	1.65	1.74	3.18	3.22
Other Diagnostic Procedures	8.25	8.29	6.33	6.33
	30.59	30.86	15.95	16.31
Major Surgery	0.68	0.70	8.25	8.12
Minor Surgery	1.92	1.95	1.51	1.39
Obstetrics	0.15	0.15	1.52	1.46
Anaesthesia	1.54	1.58	4.05	3.90
Surgical Assistance	0.47	0.45	0.81	0.78
	4.76	4.83	16.14	15.65
Major Therapeutic Procedures	0.52	0.54	0.85	0.84
Minor Therapeutic Procedures	2.28	2.22	0.80	0.75
	2.80	2.76	1.65	1.59
Refractions by Physicians	0.12	0.11	0.19	0.17
In-Province Dental Services	**0.16**	**0.18**	**0.53**	**0.55**
In-Province Optometric Services	**2.22**	**2.21**	**3.21**	**3.09**
Refractions by Optometrists	1.51	1.49	2.82	2.71
Other Optometric Services	0.71	0.72	0.39	0.38
In-Province Chiropractor Services	**6.89**	**7.21**	**4.95**	**5.08**
Chiropractic Visit Services	6.81	7.13	4.85	4.99
Chiropractic X-Ray Services	0.08	0.08	0.10	0.09
Out-of-Province Services				
Physician Services	2.36	2.64	3.74	4.20
Dental Services	—	—	0.01	0.01
Optometrist Services	0.04	0.04	0.06	0.05
Chiropractor Services	0.17	0.19	0.12	0.13
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] *The "Introductory Notes", page 13, describe inclusions in these classifications.*

Statistical Tables (Continued)

Table 11. Payments (000's) for Out-of-Province Physician Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services							
		Maritimes and Territories	Que.	Ont.	Man.	Alta.	B.C.	U.S.A.	Rest of the World
General Practitioners	**4,126.0**	**74.8**	**20.7**	**314.0**	**903.8**	**2,054.0**	**612.0**	**116.6**	**30.1**
Specialists									
Paediatricians and Medical Geneticists	243.3	1.3	1.7	36.9	32.4	102.6	19.9	48.2	0.3
Internists and Physiatrists	812.3	1.7	4.2	98.4	82.4	347.9	82.6	192.9	2.2
Neurologists	69.7	0.2	1.4	8.8	13.3	21.3	11.1	12.8	0.8
Psychiatrists	162.3	3.1	3.7	38.7	14.8	42.7	21.6	37.7	—
Dermatologists	46.8	0.3	1.0	4.8	7.7	21.1	9.1	2.5	0.3
Anaesthetists	707.6	1.6	14.3	117.4	50.9	365.9	71.0	86.0	0.5
General and Thoracic Surgeons	1,094.7	2.4	1.3	125.8	82.1	334.4	66.0	477.8	4.9
Orthopaedic Surgeons	269.7	2.7	8.6	37.0	18.5	137.5	33.2	31.5	0.7
Plastic and Reconstructive Surgeons	78.1	0.3	—	12.5	10.0	34.3	4.4	16.5	0.1
Neurological Surgeons	101.1	—	16.4	20.8	2.7	31.6	8.6	20.7	0.3
Obstetricians and Gynaecologists	302.1	2.5	2.1	29.7	71.5	154.2	27.4	13.7	1.0
Urological Surgeons	170.8	0.1	0.8	15.1	54.3	61.3	31.7	7.4	0.1
Ophthalmologists	891.1	0.9	0.8	14.3	31.0	750.3	65.4	28.0	0.4
Otolaryngologists	123.3	1.4	0.9	20.4	14.5	43.2	18.9	23.9	0.1
Pathologists	895.8	—	0.1	46.4	43.5	670.3	97.8	35.2	2.5
Diagnostic Radiologists	562.1	0.2	0.5	35.2	17.9	188.9	36.6	279.6	3.2
All Physicians	**10,656.8**	**93.5**	**78.5**	**976.2**	**1,451.3**	**5,361.5**	**1,217.3**	**1,431.0**	**47.5**

Statistical Tables (Continued)

Table 12. In-Province Physician Services by Type of Service and Type of Practitioner

Type of Service (000's)	Type of Practitioner							
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Psychiatrists	Dermatologists	General Surgeons	Thoracic Surgeons
Visits								
Consultations	37.5	30.5	86.1	17.1	10.6	9.1	42.5	3.2
Special Eye Examination	10.7	—	—	—	—	—	—	—
Complete Examination	339.5	16.3	21.0	1.9	4.6	0.4	7.2	0.3
Partial Examination	3,692.6	44.8	55.2	2.6	7.6	8.7	24.7	1.1
Well Baby Care	41.8	2.1	—	—	—	—	—	—
Other Office Visits	143.4	1.5	—	—	—	—	—	—
Hospital								
Newborn, Premature	12.3	5.9	—	—	—	—	—	—
Other	817.0	33.2	178.9	12.6	30.3	0.7	25.4	1.4
Special Calls and Emergency	551.2	8.4	15.6	1.3	1.7	0.4	7.4	0.3
Psychotherapy								
Base Time[1]	97.7	0.1	0.3	—	67.2	—	0.1	—
Additional Time	78.6	0.1	0.3	—	37.0	—	0.1	—
Major Surgery	10.4	—	0.1	—	—	—	13.8	4.1
Minor Surgery	291.7	2.2	0.4	—	—	10.9	8.5	0.2
Surgical Assistance								
Base Time[1]	20.6	—	—	—	—	—	0.7	—
Additional Time	38.2	—	—	—	—	—	1.3	0.1
Obstetrics	12.8	—	—	—	—	—	—	—
Anaesthesia								
Base Time[1]	24.0	—	—	—	—	—	—	—
Additional Time	28.0	—	0.1	—	—	—	—	—
Diagnostic Radiology	—	—	—	—	—	—	—	—
Pathology/Laboratory Services	944.6	12.2	8.4	—	—	0.4	3.5	—
Laboratory Tracings	29.0	—	1.3	—	—	—	0.3	—
Diagnostic Ultrasound	2.0	2.1	13.8	—	—	—	—	—
Other Diagnostic and Therapeutic Services	460.0	263.6	318.1	10.6	3.3	10.9	14.3	2.6
Special Diagnostic and Therapeutic Services	162.0	0.1	0.5	—	—	—	4.4	—
Miscellaneous Services	26.2	9.9	11.6	—	0.9	—	6.6	—
Total Services	**7,871.8**	**433.0**	**711.7**	**46.1**	**163.2**	**41.5**	**160.8**	**13.3**

[1] *Represents the number of instances these types of services were provided during the year.*

Note: Services are grouped using a common national grouping.

Statistical Tables (Continued)

Type of Practitioner										
Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Urological Surgeons	Obstetri-cians and Gynaeco-logists	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathol-ogists	Diagnostic Radiolo-gists	Total Services
41.5	13.4	7.6	14.7	44.1	37.9	29.7	2.2	—	—	427.7
—	—	—	—	—	5.7	0.1	—	—	—	16.5
3.9	0.4	0.5	1.5	8.9	8.2	13.8	—	—	—	428.4
20.8	3.2	1.6	7.1	15.3	22.9	21.3	—	—	—	3,929.5
—	—	—	—	—	—	—	—	—	—	43.9
—	—	—	—	21.8	—	—	—	—	—	166.7
—	—	—	—	—	—	—	—	—	—	18.2
7.8	0.7	6.1	1.7	7.5	1.1	0.8	—	—	—	1,125.2
3.6	0.9	1.0	0.6	9.9	0.8	1.2	7.8	—	0.2	612.3
—	—	—	—	0.8	—	—	—	—	—	166.2
—	—	—	—	0.6	—	—	—	—	—	116.7
13.4	5.4	2.1	4.5	5.9	10.2	9.4	—	—	—	80.3
2.1	9.5	0.1	1.0	3.0	3.3	2.2	—	—	—	335.1
0.2	0.1	0.1	0.3	0.3	—	—	—	—	—	22.3
0.8	0.1	0.9	0.4	0.3	—	—	—	—	—	42.1
—	—	—	—	8.3	—	—	—	—	—	21.1
0.2	—	0.1	—	—	—	—	58.7	—	0.1	83.1
0.3	—	0.1	—	—	—	—	117.4	—	—	145.9
—	—	—	—	—	—	—	—	—	249.9	249.9
—	—	—	5.5	40.9	—	—	—	1,831.2	—	2,846.7
—	—	—	—	—	—	—	—	4.5	—	35.1
—	—	—	—	2.9	4.9	—	—	—	51.4	77.1
5.5	0.5	0.1	15.2	17.8	88.6	139.7	3.6	0.1	7.0	1,361.5
—	0.2	—	—	22.3	—	—	—	—	—	189.5
—	—	—	0.1	0.1	—	0.1	20.8	—	—	76.3
100.1	34.4	20.3	52.6	211.7	183.6	218.3	210.5	1,835.8	308.6	12,617.3

Statistical Tables (Continued)

Table 13. Patients, Services and Payments for Selected In-Province Medical Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1988-89 to 1989-90
		Patients	Payments	Services	
Allergy Investigation and Hyposensitization Injections	624,134	18.63	1,423.80	601.95	–
Electrocardiograms, Vectorcardiograms and Echocardiograms	357,442	155.20	4,554.38	344.73	6.64
Submission of Papanicolau Smear	161,998	269.20[f]	1,032.33[f]	313.11[f]	1.11
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	51,829	34.78	1,162.05	49.99	8.39
Suturing of Wounds	33,677	30.56	1,108.67	32.48	-3.30
Delivery — Vaginal	13,021	24.91[f]	4,948.06[f]	25.17[f]	-0.40
— Caesarian	2,721	5.25[f]	1,545.43[f]	5.26[f]	-3.49
Plantar Wart Excision or Fulguration	14,539	7.86	184.87	14.02	-5.21
Artificial Extra Corporeal Haemodialysis	13,803	0.27	436.02	13.31	6.82
Arthrocentesis — Joint Injections Shoulder, Elbow, Knee	11,220	7.39	153.63	10.82	8.74
Cystoscopy	9,239	8.08	477.88	8.91	2.41
Dilatation and Curettage	7,405	13.93[f]	971.36[f]	14.31[f]	-4.60
Fractures, Open Surgical or Closed Reduction	6,065	5.11	1,190.68	5.85	-2.01
Sigmoidoscopy	5,802	5.15	148.96	5.60	-17.65
Electroencephalograms or Echoencephalograms	5,471	4.70	108.58	5.28	3.13
Cataract Extraction	4,336	3.87	1,945.69	4.18	40.74
Tubal Ligation	3,351	6.47[f]	1,133.99[f]	6.48[f]	1.41
Tonsillectomy (With or Without Adenoidectomy)	3,189	3.04	294.68	3.08	4.94
Cardiac Catheterization	2,993	1.78	300.01	2.89	1.76
Herniotomy, Inguinal, Femoral or Umbilical — Simple, Strangulated or Recurrent	2,843	2.52	682.25	2.74	5.79
Gall Bladder or Other Biliary Tract Surgery	2,383	2.25	870.49	2.30	-1.29
Vasectomy	2,371	4.54[m]	627.39[m]	4.56[m]	5.80
Psychological Testing	2,260	2.10	49.08	2.18	-3.11
Hysterectomy — Abdominal	1,518	2.93[f]	1,005.10[f]	2.93[f]	-5.48
— Vaginal	401	0.77[f]	294.03[f]	0.78[f]	8.33
Prostatectomy (With or Without Vasectomy)	1,591	3.03[m]	1,249.30[m]	3.06[m]	4.79
Arthroplasty — Total Hip Replacement	901	0.73	573.23	0.87	8.75
— Total Knee Replacement	562	0.49	300.42	0.54	17.39
Septoplasty or Submucous Resection	1,368	1.31	371.89	1.32	–
Therapeutic Abortion	1,233	2.36[f]	226.91[f]	2.38[f]	11.74
Varicose Veins (Ligation)	1,191	0.46	101.14	1.15	-17.27
Electroconvulsive Therapy	1,099	0.15	25.35	1.06	3.92
Genital Prolapse Repair	1,094	2.04[f]	562.65[f]	2.11[f]	5.50
Appendectomy	1,067	1.03	254.65	1.03	-6.36
Coronary By-Pass	634	0.41	890.05	0.61	7.02
Spinal Disc Excision	620	0.58	344.68	0.60	22.45
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	539	1.04[f]	289.07[f]	1.04[f]	-7.14
Strabismus Operation	366	0.30	79.26	0.35	16.67
Peptic Ulcer Surgery	226	0.21	98.43	0.22	-24.14

[f] *Rate per 1,000 female beneficiaries.*
[m] *Rate per 1,000 male beneficiaries.*

Statistical Tables (Continued)

Table 14. Patients, Services and Payments for Selected In-Province Medical Conditions

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination — No Specific Diagnosis	V70	609	194.1	7,842	587
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	516	246.5	8,338	498
Hypertension	401 - 405	282	70.3	4,477	272
Diseases Affecting Genitourinary Tract	580-599, 788	250	67.7	4,673	241
Otitis Media	381 & 382	233	83.1	3,936	225
Ischaemic Heart Disease	410 - 414	231	29.5	4,979	223
Bronchitis	466, 490 & 491	208	98.7	3,224	200
Diabetes Mellitus	250	203	22.7	2,573	196
Arthritis	710 - 716	176	52.4	3,738	170
Asthma	493	176	24.3	1,827	169
Neuroses	300	162	49.2	3,131	157
Hay Fever	477	150	16.5	868	144
Chronic Sinusitis and Other Respiratory Symptoms	473 & 786	149	61.1	2,843	144
Rheumatic Disease	725 - 729	148	78.2	3,075	143
Eczema	690 - 692	130	63.0	1,836	125
Symptomatic Heart Disease	428 & 429	117	14.0	1,614	113
Cerebrovascular Disease	430 - 438	114	8.3	1,324	110
Psychoses	295 - 299	111	9.4	2,205	107
Diarrheal Disease	009	108	43.0	1,796	104
Disorders of Menstruation	Z08* & 626	96	68.3[†]	3,312[†]	185[†]
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	81	63.1[†]	2,477[†]	156[†]
Pneumonia	480 - 486	80	15.1	1,148	78
Vertebrogenic Pain Syndrome	724	74	34.4	1,406	71
Chronic Airways Obstruction	496	63	8.5	913	61
Anaemias	280 - 285	60	13.8	823	58
Cataract	366	58	14.4	2,907	56
Cardiac Disrhythmias	427	51	11.6	955	49
Influenza	487	51	30.9	766	49
Cellulitis and Abscess	681 & 682	49	23.0	819	47
Gastritis and Duodenitis	535	46	22.2	743	44
Glaucoma	365	40	7.9	651	39
Migraine	346	37	10.8	556	35
Obesity	278	34	14.3	552	33
Ulcers of Duodenum and Stomach	531 - 534	31	12.2	655	30
Refractive Errors	367	29	16.0	605	28
Menopausal Symptoms	627	28	22.3[†]	964[†]	54[†]
Alcoholic Psychosis and Alcoholism	291 & 303	27	4.7	454	26
Disorders of Functions of Stomach	536 & 537	23	12.5	402	22
Myxedema	244	22	9.1	358	22
Varicose Veins of Lower Extremity	454	18	4.5	374	17
Epilepsy	345	17	4.2	299	17

[1] *Ninth Revision International Classification of Diseases, 1977.*

Note: MCIB records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* *MCIB internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.*

[†] *Rate per 1,000 female beneficiaries.*

Statistical Tables (Continued)

Table 15. Turnover of Physicians

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1984-85[1]	721		371		1,092	
		10.7		6.7		9.3
Still Practising in 1985-86[2]	644		346		990	
Practising in 1985-86[1]	721		383		1,104	
		8.7		7.8		8.4
Still Practising in 1986-87[2]	658		353		1,011	
Practising in 1986-87[1]	755		405		1,160	
		10.9		8.9		10.2
Still Practising in 1987-88[2]	673		369		1,042	
Practising in 1987-88[1]	771		403		1,174	
		11.9		11.4		11.8
Still Practising in 1988-89[2]	679		357		1,036	
Practising in 1988-89[1]	768		396		1,164	
		12.8		6.1		10.5
Still Practising in 1989-90[2]	670		372		1,042	
Practising in 1989-90[1]	740		423		1,163	

[1] *Physicians receiving $7,500 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.*

[2] *Physicians receiving $7,500 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.*

Note: The net number of physicians who entered practice in 1989-90 was 121, the difference between "Practising" (1,163) and "Still Practising" (1,042).

Statistical Tables (Continued)

Table 16. Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90
General Practitioners[4]	**769**	**740**	**1.4**	**1.4**	**2.2**	**2.3**	**6.9**	**7.2**	**82.8**	**83.0**
Specialists[4]										
Paediatricians and Medical Geneticists	30	31	34.8	33.4	1.6	1.6	4.4	4.6	4.1	4.3
Internists and Physiatrists	72	80	14.5	13.0	2.3	2.2	4.7	4.7	11.0	11.6
Neurologists	9	8	116.0	129.6	2.4	2.6	3.8	4.2	1.9	1.9
Psychiatrists	30	29	34.8	35.8	0.5	0.5	3.7	4.1	1.2	1.2
Dermatologists	5	4	208.8	259.2	2.0	2.3	5.0	5.9	1.0	1.0
Anaesthetists	48	51	21.8	20.3	1.1	1.1	1.5	1.6	4.5	4.8
General Surgeons	49	47	21.3	22.1	1.1	1.1	3.0	3.0	4.9	4.7
Thoracic Surgeons	6	6	174.0	172.8	0.8	0.9	1.5	1.7	0.4	0.4
Orthopaedic Surgeons	24	24	43.5	43.2	1.7	1.8	3.5	3.8	3.8	3.8
Plastic and Reconstructive Surgeons	10	11	104.4	94.3	1.4	1.4	2.9	2.7	1.3	1.5
Neurological Surgeons	6	6	174.0	172.8	1.1	1.2	2.9	3.1	0.6	0.6
Obstetricians and Gynaecologists	30	34	34.8	30.5	1.6	1.4	4.1	3.7	4.1	4.1
Urological Surgeons	14	14	74.6	74.1	1.5	1.6	2.4	2.4	1.7	1.8
Ophthalmologists	16	22	65.3	47.1	2.4	2.3	4.2	4.3	3.4	4.3
Otolaryngologists	12	12	87.0	86.4	2.9	3.0	6.1	6.5	3.3	3.4
Pathologists	7	9	149.2	115.2	40.5	31.1	—	—	24.7	27.7
Diagnostic Radiologists	30	34	34.8	30.5	6.0	5.6	—	—	14.5	15.4
All Specialists[4]	**398**	**422**	**2.6**	**2.5**	**2.6**	**2.5**	**3.6**	**3.7**	**45.7**	**47.8**
All Physicians[4]	**1,167**	**1,162**	**0.9**	**0.9**	**2.3**	**2.4**	**5.8**	**6.0**	**85.2**	**85.4**
Registered Physicians	**1,499**	**1,475**	**0.7**	**0.7**	—	—	—	—	—	—
Optometrists[4]	**90**	**91**	**11.6**	**11.4**	**2.4**	**2.4**	**2.5**	**2.5**	**20.6**	**21.3**
Registered Optometrists	**99**	**102**	**10.5**	**10.2**	—	—	—	—	—	—
Chiropractors[4]	**99**	**107**	**10.5**	**9.7**	**1.4**	**1.4**	**9.3**	**9.5**	**11.0**	**11.4**
Registered Chiropractors	**108**	**113**	**9.7**	**9.2**	—	—	—	—	—	—

[1] *Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.*

[2] *The size of practice is the number of different persons on whose behalf a claim was paid during the year.*

[3] *A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.*

[4] *Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.*

Registered Practitioners:

Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Resident Saskatchewan Optometrists as shown by the Saskatchewan Association of Optometrists at the end of the year.

Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Statistical Tables (Continued)

Table 17. Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3]							
		Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
General Practitioners									
Urban:	511	15	38	89	92	85	74	35	83
Association	383	4	23	61	64	74	60	25	72
Solo	128	11	15	28	28	11	14	10	11
Rural:	229	2	15	38	49	46	48	17	14
Association	131	—	4	10	25	29	39	14	10
Solo	98	2	11	28	24	17	9	3	4
All General Practitioners 1989-90	**740**	**17**	**53**	**127**	**141**	**131**	**122**	**52**	**97**
All General Practitioners 1988-89	769	17	56	122	180	138	116	58	82
Specialists									
Paediatricians and Medical Geneticists	31	2	5	8	7	3	3	3	—
Internists and Physiatrists	80	10	20	7	7	9	5	7	15
Neurologists	8	1	—	3	1	—	1	—	2
Psychiatrists	29	17	9	3	—	—	—	—	—
Dermatologists	4	—	1	1	—	1	—	—	1
Anaesthetists	51	3	15	26	7	—	—	—	—
General Surgeons	47	3	15	20	7	2	—	—	—
Thoracic Surgeons	6	1	4	1	—	—	—	—	—
Orthopaedic Surgeons	24	—	2	6	10	5	—	1	—
Plastic and Reconstructive Surgeons	11	—	2	6	2	1	—	—	—
Neurological Surgeons	6	—	3	1	2	—	—	—	—
Obstetricians and Gynaecologists	34	4	6	8	11	4	—	1	—
Urological Surgeons	14	1	1	4	5	2	—	1	—
Ophthalmologists	22	—	2	3	5	5	2	1	4
Otolaryngologists	12	—	—	1	4	—	1	1	5
Pathologists	9	—	—	—	3	—	—	—	6
Diagnostic Radiologists	34	2	1	3	4	1	3	—	20
All Specialists 1989-90	**422**	**44**	**86**	**101**	**75**	**33**	**15**	**15**	**53**
All Specialists 1988-89	398	44	87	91	56	43	12	12	53
All Physicians 1989-90	**1,162**	**61**	**139**	**226**	**216**	**164**	**137**	**67**	**150**
All Physicians 1988-89	1,167	61	143	213	236	181	128	70	135
Optometrists 1989-90	**91**	**—**	**1**	**17**	**13**	**23**	**20**	**9**	**8**
Optometrists 1988-89	90	—	1	17	12	25	20	7	8
Chiropractors 1989-90	**107**	**2**	**26**	**33**	**32**	**10**	**3**	**—**	**1**
Chiropractors 1988-89	99	2	22	36	24	11	2	1	1

[1] *Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.*

[2] *Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.*

[3] *The size of practice is the number of different persons on whose behalf a claim was paid during the year.*

Statistical Tables (Continued)

Table 18. Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Urban:	511	36	101	123	110	56	41	34
Association	383	20	80	94	84	52	29	24
Solo	128	16	21	29	26	14	12	10
Rural:	229	5	13	33	42	47	40	49
Association	131	3	7	19	26	34	20	22
Solo	98	2	6	14	16	13	20	27
All General Practitioners 1989-90	**740**	**41**	**114**	**156**	**152**	**113**	**81**	**83**
All General Practitioners 1988-89	769	40	137	166	159	120	77	70
Specialists								
Paediatricians and Medical Geneticists	31	4	14	6	2	4	—	1
Internists and Physiatrists	80	15	27	16	9	7	4	2
Neurologists	8	1	5	—	—	1	1	—
Psychiatrists	29	9	8	7	2	1	1	1
Dermatologists	4	—	1	—	2	1	—	—
Anaesthetists	51	45	4	1	1	—	—	—
General Surgeons	47	8	33	4	1	1	—	—
Thoracic Surgeons	6	3	3	—	—	—	—	—
Orthopaedic Surgeons	24	1	13	9	1	—	—	—
Plastic and Reconstructive Surgeons	11	2	7	2	—	—	—	—
Neurological Surgeons	6	—	4	2	—	—	—	—
Obstetricians and Gynaecologists	34	8	9	15	1	1	—	—
Urological Surgeons	14	5	8	1	—	—	—	—
Ophthalmologists	22	4	7	7	2	2	—	—
Otolaryngologists	12	—	4	1	2	4	1	—
All Specialists 1989-90	**379**	**105**	**147**	**71**	**23**	**22**	**7**	**4**
All Specialists 1988-89	361	117	129	62	20	25	4	4
All Physicians 1989-90	**1,119**	**146**	**261**	**227**	**175**	**135**	**88**	**87**
All Physicians 1988-89	1,130	157	266	228	179	145	81	74
Optometrists 1989-90	**91**	**30**	**55**	**5**	**—**	**1**	**—**	**—**
Optometrists 1988-89	90	30	54	5	1	—	—	—
Chiropractors 1989-90	**107**	**—**	**9**	**10**	**19**	**16**	**28**	**25**
Chiropractors 1988-89	99	—	6	11	21	22	14	25

[1] *Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.*

[2] *Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.*

[3] *A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.*

Statistical Tables (Continued)

Table 19. Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Urban:	511	205	63	13	106	13	83	27	1
Association	383	177	50	7	67	9	52	21	—
Solo	128	28	13	6	39	4	31	6	1
Rural:	229	58	29	3	67	1	32	39	—
Association	131	50	18	—	20	—	20	23	—
Solo	98	8	11	3	47	1	12	16	—
All General Practitioners 1989-90	**740**	**263**	**92**	**16**	**173**	**14**	**115**	**66**	**1**
All General Practitioners 1988-89	769	270	94	16	187	11	119	70	2
Specialists									
Paediatricians and Medical Geneticists	31	3	7	3	4	—	12	2	—
Internists and Physiatrists	80	22	25	4	8	4	13	4	—
Neurologists	8	1	—	1	2	—	4	—	—
Psychiatrists	29	6	6	—	5	2	10	—	—
Dermatologists	4	1	2	—	1	—	—	—	—
Anaesthetists	51	21	9	—	13	1	6	1	—
General Surgeons	47	12	12	1	7	1	13	1	—
Thoracic Surgeons	6	—	2	2	1	—	1	—	—
Orthopaedic Surgeons	24	10	6	1	5	—	2	—	—
Plastic and Reconstructive Surgeons	11	5	3	—	1	1	1	—	—
Neurological Surgeons	6	1	1	—	1	—	2	1	—
Obstetricians and Gynaecologists	34	11	7	1	7	2	2	4	—
Urological Surgeons	14	4	8	—	1	—	1	—	—
Ophthalmologists	22	7	5	1	4	—	—	4	1
Otolaryngologists	12	7	1	—	2	—	2	—	—
Pathologists	9	1	3	—	3	—	2	—	—
Diagnostic Radiologists	34	15	8	—	4	—	5	2	—
All Specialists 1989-90	**422**	**127**	**105**	**14**	**69**	**11**	**76**	**19**	**1**
All Specialists 1988-89	398	115	100	14	73	10	73	13	—
All Physicians 1989-90	**1,162**	**390**	**197**	**30**	**242**	**25**	**191**	**85**	**2**
All Physicians 1988-89	1,167	385	194	30	260	21	192	83	2
Optometrists 1989-90	**91**	—	**86**	**5**	—	—	—	—	—
Optometrists 1988-89	90	—	86	4	—	—	—	—	—
Chiropractors 1989-90	**107**	—	**101**	**6**	—	—	—	—	—
Chiropractors 1988-89	99	—	92	7	—	—	—	—	—

[1] *The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.*

[2] *Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.*

[3] *Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.*

Statistical Tables (Continued)

Table 20. Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Urban:	511	113	183	107	80	28
Association	383	105	152	64	48	14
Solo	128	8	31	43	32	14
Rural:	229	37	66	58	55	13
Association	131	25	47	30	24	5
Solo	98	12	19	28	31	8
All General Practitioners 1989-90	**740**	**150**	**249**	**165**	**135**	**41**
All General Practitioners 1988-89	769	177	253	153	144	42
Specialists						
Paediatricians and Medical Geneticists	31	3	10	10	7	1
Internists and Physiatrists	80	7	32	24	14	3
Neurologists	8	1	2	3	2	—
Psychiatrists	29	3	2	12	10	2
Dermatologists	4	—	1	1	2	—
Anaesthetists	51	9	24	10	4	4
General Surgeons	47	2	9	18	14	4
Thoracic Surgeons	6	2	1	1	2	—
Orthopaedic Surgeons	24	6	9	2	6	1
Plastic and Reconstructive Surgeons	11	1	5	1	3	1
Neurological Surgeons	6	—	2	1	3	—
Obstetricians and Gynaecologists	34	3	14	8	7	2
Urological Surgeons	14	2	4	6	2	—
Ophthalmologists	22	5	7	2	6	2
Otolaryngologists	12	3	—	7	1	1
Pathologists	9	—	2	3	4	—
Diagnostic Radiologists	34	7	14	4	8	1
All Specialists 1989-90	**422**	**54**	**138**	**113**	**95**	**22**
All Specialists 1988-89	398	47	124	111	95	21
All Physicians 1989-90	**1,162**	**204**	**387**	**278**	**230**	**63**
All Physicians 1988-89	1,167	224	377	264	239	63
Optometrists 1989-90	**91**	**20**	**30**	**14**	**17**	**10**
Optometrists 1988-89	90	23	29	11	20	7
Chiropractors 1989-90	**107**	**41**	**32**	**13**	**14**	**7**
Chiropractors 1988-89	99	37	30	13	13	6

[1] *Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.*

[2] *Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.*

Statistical Tables (Continued)

Table 21. Average Payment[1] ($000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	Type of Practitioner[3]							
	All Physicians		General Practitioners					
			Urban Association		Rural Association		Urban Solo	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	181.9	1,162	136.5	383	170.3	131	144.9	128
Highest Paid	6,188.9		502.6		357.4		403.1	
Less than $ 30,000	12.0	140	14.1	46	6.4	16	14.2	24
$ 30,000 - $ 39,999	35.5	32	35.1	13	33.8	2	37.8	5
$ 40,000 - $ 59,999	50.4	76	51.0	38	47.4	5	52.4	10
$ 60,000 - $ 79,999	70.8	80	71.1	40	71.7	4	68.3	8
$ 80,000 - $ 99,999	90.0	97	89.3	37	91.6	8	91.2	15
$100,000 - $119,999	110.1	112	110.6	44	111.1	13	110.8	14
$120,000 - $139,999	129.0	106	128.0	37	130.9	13	128.9	16
$140,000 - $159,999	149.8	105	148.8	45	148.8	13	152.3	15
$160,000 - $179,999	170.4	110	170.7	42	171.2	15	168.6	7
$180,000 - $199,999	189.8	95	189.2	19	189.3	20	189.1	12
Over $200,000	325.1	349	245.2	68	251.3	38	252.9	26
Total	163.6	1,302	123.4	429	152.5	147	124.3	152

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	224.4	8	162.3	29	141.9	4	164.6	51
Highest Paid	586.8		483.9		267.9		277.2	
Less than $ 30,000	—	—	10.6	10	—	—	5.0	3
$ 30,000 - $ 39,999	—	—	33.5	2	—	—	—	—
$ 40,000 - $ 59,999	40.7	1	56.0	2	54.2	1	42.9	1
$ 60,000 - $ 79,999	—	—	73.2	6	—	—	73.4	3
$ 80,000 - $ 99,999	—	—	87.6	1	99.4	1	—	—
$100,000 - $119,999	109.2	2	107.7	1	—	—	105.4	7
$120,000 - $139,999	128.2	2	133.2	6	—	—	129.4	5
$140,000 - $159,999	—	—	156.6	1	146.0	1	152.0	2
$160,000 - $179,999	178.6	1	—	—	—	—	169.0	11
$180,000 - $199,999	—	—	193.6	2	—	—	189.8	12
Over $200,000	550.6	2	318.9	8	267.9	1	230.3	10
Total	224.4	8	123.4	39	141.9	4	155.7	54

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	219.3	34	198.6	14	279.6	22	323.1	12
Highest Paid	532.7		461.1		731.3		603.7	
Less than $ 30,000	13.9	2	—	—	—	—	—	—
$ 30,000 - $ 39,999	—	—	—	—	—	—	—	—
$ 40,000 - $ 59,999	45.9	3	54.7	1	—	—	—	—
$ 60,000 - $ 79,999	69.3	3	—	—	—	—	—	—
$ 80,000 - $ 99,999	97.0	1	—	—	93.5	2	—	—
$100,000 - $119,999	110.2	2	—	—	105.3	1	—	—
$120,000 - $139,999	122.2	1	121.6	1	127.0	2	125.6	1
$140,000 - $159,999	151.2	3	—	—	142.8	1	156.1	1
$160,000 - $179,999	171.0	1	168.2	4	169.9	1	171.3	2
$180,000 - $199,999	—	—	192.5	2	186.6	1	—	—
Over $200,000	302.3	20	257.7	6	364.8	14	406.6	8
Total	207.9	36	198.6	14	279.6	22	323.1	12

[1] *Represents gross payments, including retroactive payments, by the Medical Care Insurance Branch from which the practitioners must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MCIB payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MCIB.*

[2] *Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.*

[3] *Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.*

[4] *Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.*

Statistical Tables (Continued)

Type of Practitioner[3]									
General Practitioners		All General Practitioners		All Specialists		Paediatricians and Medical Geneticists		Internists and Physiatrists	
Rural Solo									
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
175.4	98	149.1	740	239.4	422	162.0	31	207.9	80
484.1		502.6		6,188.9		480.5		760.8	
6.9	4	12.4	90	11.2	50	13.1	11	13.7	11
36.3	2	35.7	22	35.1	10	—	—	35.0	6
43.8	3	50.6	56	49.9	20	50.4	2	49.2	3
69.9	4	70.6	56	71.0	24	78.4	1	71.8	7
92.1	7	90.3	67	89.4	30	88.5	8	88.3	10
109.2	10	110.5	81	109.2	31	118.9	1	109.1	6
131.2	12	129.2	78	128.7	26	130.7	2	126.7	3
148.7	6	149.5	79	150.6	26	147.4	4	151.0	3
170.3	11	170.6	75	170.1	35	168.4	2	170.4	4
189.8	10	189.3	61	190.8	34	195.9	4	197.6	1
264.6	33	251.7	165	391.0	184	291.9	7	338.5	37
168.8	**102**	**134.3**	**830**	**215.2**	**472**	**123.0**	**42**	**184.4**	**91**

General Surgeons		Thoracic Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
175.0	47	326.7	6	263.3	24	199.0	11	244.3	6
340.7		433.6		654.1		330.1		417.0	
8.6	4	—	—	22.5	1	—	—	—	—
38.1	1	—	—	—	—	—	—	—	—
57.1	1	—	—	—	—	—	—	—	—
63.9	1	—	—	70.3	1	—	—	—	—
93.1	2	85.0	1	—	—	—	—	—	—
112.7	6	—	—	110.3	1	100.9	1	—	—
128.0	3	—	—	—	—	120.6	1	—	—
148.4	5	—	—	156.2	2	151.0	2	157.7	1
172.9	5	—	—	—	—	168.3	2	160.0	1
187.3	6	—	—	192.8	2	—	—	184.5	1
240.6	17	375.0	5	302.2	18	265.9	5	321.2	3
162.0	**51**	**326.7**	**6**	**253.6**	**25**	**199.0**	**11**	**244.3**	**6**

Pathologists		Diagnostic Radiologists		Optometrists		Chiropractors	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
1,323.0	9	340.2	34	84.7	91	119.1	107
6,188.9		1,560.2		278.7		232.1	
2.5	3	10.1	5	20.8	6	19.7	3
—	—	35.6	1	37.0	3	35.7	3
50.1	2	50.1	3	50.5	21	48.7	8
61.5	1	60.7	1	70.3	22	69.1	12
—	—	87.4	4	90.6	25	89.7	16
—	—	111.2	3	109.0	11	107.6	12
—	—	130.7	1	128.3	3	128.5	18
—	—	—	—	141.2	2	146.8	16
—	—	179.2	1	—	—	167.1	9
—	—	191.5	3	187.7	2	187.4	9
1,957.6	6	573.6	17	242.5	2	209.5	4
992.9	**12**	**297.8**	**39**	**80.8**	**97**	**116.4**	**110**

Statistical Tables (Continued)

Table 22. Average Payment Per Practitioner by Specialty, 1984-85 to 1989-90

Type of Practitioner	Average Payment (000's)						Average Annual Per Cent Change
	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1984-85 to 1989-90
General Practitioners							
Urban	117.8	122.9	129.1	122.9	125.7	138.6	3.31
Association	116.0	120.6	126.0	120.2	122.4	136.5	3.31
Solo	122.5	129.4	138.2	131.3	135.4	144.9	3.42
Rural	136.7	140.2	147.9	143.2	153.7	172.5	4.76
Association	133.0	134.9	138.8	137.2	152.6	170.3	5.07
Solo	142.7	147.0	153.9	152.9	155.1	175.4	4.21
All General Practitioners	**125.0**	**129.0**	**135.6**	**129.8**	**134.4**	**149.1**	**3.59**
Specialists							
Paediatricians and Medical Geneticists	120.3	137.1	139.1	130.9	144.3	162.0	6.13
Internists and Physiatrists	152.6	170.6	177.2	177.2	198.1	207.9	6.38
Neurologists	154.8	160.5	180.0	172.0	196.2	224.4	7.71
Psychiatrists	125.8	133.1	153.5	134.6	137.9	162.3	5.23
Dermatologists	93.1	79.0	87.1	114.8	117.7	141.9	8.79
Anaesthetists	127.8	122.5	134.8	145.9	156.0	164.6	5.19
General Surgeons	125.1	133.4	146.1	149.8	165.8	175.0	6.94
Thoracic Surgeons	222.2	252.4	230.7	295.0	263.0	326.7	8.01
Orthopaedic Surgeons	188.9	200.7	211.5	219.7	232.1	263.3	6.87
Plastic and Reconstructive Surgeons	166.7	177.9	188.4	196.2	202.3	199.0	3.61
Neurological Surgeons	144.7	158.0	182.7	203.9	217.6	244.3	11.04
Obstetricians and Gynaecologists	182.2	191.5	219.6	215.4	241.8	219.3	3.78
Urological Surgeons	146.6	145.4	166.3	179.4	185.4	198.6	6.26
Ophthalmologists	184.2	209.8	282.9	290.5	254.6	279.6	8.70
Otolaryngologists	299.2	267.7	300.0	293.0	297.6	323.1	1.55
Pathologists	951.8	1,042.0	1,219.1	1,121.9	1,455.7	1,323.0	6.81
Diagnostic Radiologists	250.7	261.7	272.8	277.5	343.7	340.2	6.30
All Specialists	**172.5**	**185.1**	**202.2**	**203.9**	**224.0**	**239.4**	**6.77**
Spec. less Pathologists and Radiologists	151.8	161.0	175.5	177.0	190.2	204.6	6.15
All Physicians	**141.3**	**148.6**	**158.7**	**155.3**	**165.0**	**181.9**	**5.18**
Phys. less Pathologists and Radiologists	133.6	139.4	148.5	144.9	152.3	167.9	4.68
Optometrists	**65.3**	**69.7**	**66.0**	**72.0**	**80.7**	**84.7**	**5.34**
Chiropractors	**78.5**	**91.6**	**108.4**	**105.6**	**112.0**	**119.1**	**8.69**

Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Chiropractors, Optometrists, and Physicians receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

Represents gross payments, including retroactive payments, by the MCIB from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MCIB payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MCIB.

Statistical Tables (Concluded)

Table 23. Physician Payments by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	156	135.6	46	271.7	68	251.0	32	370.6
Saskatoon[3]	206	117.5	90	143.0	82	226.9	57	311.8
Moose Jaw	28	140.9	4	200.0	5	196.0	—	—
Prince Albert	44	166.8	7	244.5	7	179.5	4	530.4
Yorkton	23	162.0	2	*	2	*	—	—
Swift Current	14	222.1	2	*	4	178.6	—	—
North Battleford	25	172.8	—	—	3	229.2	—	—
Estevan	8	172.5	—	—	1	*	—	—
Weyburn	7	234.5	—	—	—	—	—	—
All Other Locations	229	172.5	1	*	4	133.1	1	*
B. By Activity Threshold:								
1 Resident at Year End and No Change in Location During Year								
[2]$30,000	682	152.5	143	191.0	170	230.6	88	354.4
[2]$40,000	666	155.4	135	200.3	169	231.8	87	358.0
2 Resident Full Year								
[2]$30,000	706	152.6	146	194.0	169	234.4	86	362.9
[2]$40,000	688	155.6	140	200.9	168	235.6	85	366.7
3 Resident and Active in Two Consecutive Years								
[2]$30,000	684	155.3	137	201.7	156	239.7	77	390.5
[2]$40,000	672	157.5	134	205.4	155	241.0	77	390.5
4 Resident During Any Portion of the Year								
[2]$30,000	790	144.5	155	188.1	185	222.8	99	339.0
[2]$40,000	755	149.6	146	197.5	182	225.8	98	342.1
5 Person-Year Equivalents[4]								
[2]$30,000	756.7	150.9	152.5	191.2	177.6	232.1	93.9	357.5
[2]$40,000	731.9	154.3	144.4	199.7	175.6	234.1	92.9	360.9
6 Resident at Year End With Payments [2]$7,500 in Each Quarter of the Year	660	159.4	133	205.7	164	238.4	80	383.0
7 Resident at Year End and Not in Teaching Institutions	724	150.8	102	230.8	150	243.2	73	395.4
C. By Place of Graduation:[2]								
Saskatchewan	263	146.6	33	186.4	57	255.5	37	244.8
Canada, Other Than Saskatchewan	92	126.7	40	139.5	45	201.1	20	598.5
United Kingdom and Eire	173	162.5	20	156.1	29	234.4	20	298.1
Asia	115	148.4	39	240.6	24	236.2	13	334.4
Other Areas	97	154.0	20	224.4	21	206.8	4	131.8
D. By Age Group:[2]								
Under 35	150	130.9	14	147.6	24	263.1	16	104.0
35 - 44	249	148.6	47	176.1	51	238.2	40	290.5
45 - 54	165	162.8	50	224.6	46	228.2	17	376.3
55 - 64	135	162.0	35	191.8	44	223.8	16	696.3
65 +	41	121.1	6	72.6	11	147.4	5	208.2

[1] *Physicians are grouped as follows:*
- *Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.*
- *Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.*
- *Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.*

[2] *Physicians receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan at the end of the year.*
[3] *Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.*
[4] *Person-year equivalents are prorated on the number of months in practice.*
* *Not shown, to preserve confidentiality.*

Supplementary Health Program

The Supplementary Health Program provides for payment of accounts for non-insured health services to people nominated for coverage by Saskatchewan Social Services. Responsibility for the Supplementary Health Program was transferred from the Medical Services Division of Saskatchewan Health to the Medical Care Insurance Branch effective September 1, 1987.

Beneficiary classifications under the Program include Saskatchewan Assistance Plan beneficiaries, government wards, inmates of correctional institutions, and nominated persons 65 years and older who are receiving Level 2, 3 or 4 care in special-care homes or hospitals and whose income is at or below the Saskatchewan Income Plan level.

Supplementary Health Program beneficiaries averaged 59,837 per month in 1989-90.

Beneficiaries are provided with a Health Services Card and a supplementary health card. The supplementary health card entitles beneficiaries to an additional range of non-insured services.

Medical Services

The Supplementary Health Program pays for non-insured third-party medical examinations requested by Saskatchewan Social Services. These examinations are to determine level of required nursing care, rehabilitation potential or employability.

Dental Services

Coverage includes preventive, restorative, exodontic, and prosthetic dentistry but does not include payment for services that are available to children under the Children's Dental Program. Payments are made on the basis of a schedule negotiated with the College of Dental Surgeons of Saskatchewan.

Drug and Medical Appliance Services

The Supplementary Health Program provides drug benefits at three levels:

Plan One — All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy. All formulary drugs are made available to Plan One beneficiaries at a reduced prescription charge.

Plan Two — In addition to the benefits under Plan One, the beneficiary may receive, without charge, any prescribed drug on the Saskatchewan Prescription Drug Plan Formulary. All persons under 18, rehabilitation cases, unmarried mothers, transients and individuals with unusually high drug requirements are eligible for Plan Two.

Plan Three — In addition to the benefits under Plans One and Two, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted to residents in nursing and approved community homes, government wards and provincial correctional centre inmates.

The Supplementary Health Program pays the full cost of most medical supplies and appliances prescribed by a physician which are not benefits under the SAIL Plan.

Optical Services

The Supplementary Health Program pays for eyeglasses on behalf of eligible beneficiaries whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Fees are paid according to negotiated payment schedules. There is an upper limit on the amount paid for eyeglass frames.

Medical Transportation

Benefits include coverage for emergency medical transportation by road ambulance and the Saskatchewan Government air ambulance service. On April 1, 1986, payment responsibility for the universal component of the Northern Medivac Program was transferred from the Northern Health Services Branch to the Supplementary Health Program. Additional coverage is provided to clients in northern Saskatchewan in the form of long-distance medically related transportation by other types of commercial carrier subject to pre-authorization by local health personnel.

Supplementary Health Program (Continued)

Table 24. Supplementary Health Program Payments by Beneficiary Category

Services	Categories of Beneficiaries					
	Social Assistance Plan	Government Wards	Provincial Correctional Institutions	Sask Income Plan Recipients in Special Care Homes	Other Beneficiary Categories	Totals
Medical Services	$ 126,446	$ 1,350	$ 2,600	$ 15	$ 53,152	$ 183,563
Dental Services	1,978,398	51,574	99,397	90,264	16,071	2,235,704
Optical Services	618,132	33,378	37,104	14,452	11,993	715,059
Prescription Drugs	193,939	59,878	46,598	543,271	1,474	847,160
Medical Appliances and Supplies	326,934	20,788	4,126	237,177	20,492	609,517
Medical Transportation (Aircraft)	290,423	2,130	—	—	27,831	320,384
Medical Transportation (Ground)	1,328,374	18,616	8,122	210,141	109,397	1,674,650
Medivac	—	—	—	—	190,851	190,851
Totals	**$4,862,646**	**$187,714**	**$199,947**	**$1,095,320**	**$431,261**	**$6,776,868**

Supplementary Health Program (Continued)

Table 25. Medical Examinations, Appliances and Supplies

Services	Number	Cost
Medical Examinations		
Examination and Report	3,840	$156,418
Other medical reports	840	12,562
Laboratory Tests	3,540	11,982
Total Medical Services	**8,220**	**$180,962**
Medical Appliances and Supplies		
Dressings, bandages, tapes, etc.	2,841	$ 99,104
Syringes, hypodermic needles	3,997	92,859
Hearing aid units	183	36,222
Hearing aid evaluation fees	267	44,444
Hearing aid accessories	1,574	15,343
Hearing aid repairs	98	5,139
Ostomy sets and accessories	1,064	60,109
Catheters and accessories	1,170	107,098
Glucometers	23	7,423
TENS units	10	3,104
Orthopedic footwear (custom built)	71	5,420
Non-reuseable aids (rubber gloves, etc)	1,385	76,198
Non-prescription drugs	745	20,318
Other appliances, supplies, services	1,065	37,053
Total Appliances and Supplies	**14,493**	**$609,836**
Sub Total	**22,713**	**$790,798**
Plus: Net of claims received for services provided in 1988-89 but paid in 1989-90, and claims for services provided in 1989-90 but paid in 1990-91. This adjustment is made to reflect the cash basis of accounting used in the Public Accounts.		$ 2,282
Total		**$793,080**

Supplementary Health Program (Continued)

Table 26. Dental Services

Dentist Services	Number	Cost
Diagnostic		
Examination	9,209	$ 136,461
Periapical radiograph (1 to 5 films)	6,150	75,039
Bitewing radiograph (1 or 2 films)	6,081	85,684
Radiograph — full mouth	1	61
Preventive		
Prophylaxis — child under 5	359	6,505
Topical fluoride — child under 5	253	2,302
Toothbrush instruction — child under 5	235	2,832
Scaling and polishing	6,485	231,925
Restorative		
Caries Control	297	2,213
Amalgam Restoration		
— primary teeth	833	18,047
— permanent teeth	12,330	416,612
Composite resin restoration	5,716	191,260
Crowns — stainless steel or acrylic	211	10,365
Recement crown	50	1,018
Preformed metal post and core	5	284
Endodontics		
Pulpotomy	183	4,612
Other endodontics	85	2,496
Prosthetics		
Complete upper denture	612	105,860
Complete lower denture	380	65,640
Partial denture	301	33,451
Denture repair	719	20,024
Denture reline — self curing	45	2,616
Deture reline — processed	413	25,522
Denture adjustment	227	3,019
Bridge repair	8	195
Oral Surgery		
Extractions	10,209	182,026
Oral surgery	635	36,130
Adjunctive General Services		
Palliative care	879	13,258
Non-specialist hourly fee	11	1,610
Emergency call-back	52	1,244
Other Services	668	10,175
Provincial Correctional Centres		
Dentist contractual services in the centres at Regina, Saskatoon, Prince Albert	2,509	31,179

Supplementary Health Program (Continued)

Specialist Dental Services	Number	Cost
Initial examination — oral surgery	261	$ 6,421
Panoramic radiograph	195	5,107
Removal of tooth — uncomplicated	910	20,163
Complicated surgery involving flap	119	6,854
Soft tissue impaction	83	5,568
Unerupted impaction	241	24,938
Root removal	46	3,072
Specialist hourly fee	3	2,373
Major orthodontia	424	26,770
Denturist Services	**Number**	**Cost**
Complete upper denture	300	$ 74,390
Complete lower denture	240	59,568
Partial acrylic denture	26	4,425
Extra clasp	6	85
Denture repair	319	8,057
Denture reline — self curing	18	812
Denture reline — processed	121	9,179
Denture identification	512	3,840
Dental Laboratory Services	**Number**	**Cost**
Complete upper or lower denture	758	$ 85,432
Immediate denture	280	34,604
Partial acrylic denture	315	28,403
Extra clasps	37	452
Denture reline — processed	426	19,583
Model, tray, biteblock	2,771	19,057
Denture identification	849	6,367
Sub Total	**75,820**	**$2,185,046**
Plus: Net of claims received for services provided in 1988-89 but paid in 1989-90, and claims for services provided in 1989-90 but paid in 1990-91. This adjustment is made to reflect the cash basis of accounting used in the Public Accounts		$ 50,658
Total		**$2,234,704**

Supplementary Health Program (Concluded)

Table 27. Optometric Services

Optometrist Services	Volume	Dispensing Fees	Material Costs	Total Costs
New Prescriptions				
Unifocal lenses with				
— new frame	3,392	$158,375	$149,375	$307,750
— old frame	290	9,040	6,921	15,961
Bifocal lenses with				
— new frame	1,143	62,711	80,367	143,078
— old frame	221	8,701	10,981	19,682
Replacements				
— frames only	268	1,687	5,464	7,151
— lenses only	213	2,360	4,278	6,638
— complete glasses	281	6,795	13,030	19,825
Repairs	569	3,577	4,785	8,362
Contact Lenses	21	3,610	—	3,610
Other Services	16	554	773	31,327
Total Optometrist Services	**6,414**	**$257,410**	**$275,974**	**$533,384**

Ophthalmic Dispensers Services	Volume	Dispensing Fees	Material Costs	Total Costs
New Prescriptions				
Unifocal lenses with				
— new frame	1,274	$ 38,572	$ 57,096	$ 95,668
— old frame	122	2,490	2,900	5,390
Bifocal lenses with				
— new frame	431	15,061	30,991	46,052
— old frame	95	2,374	4,968	7,342
Replacements				
— frames only	158	733	3,152	3,885
— lenses only	112	975	2,389	3,364
— complete glasses	127	1,973	6,050	8,023
Repairs	201	962	1,664	2,626
Contact Lenses	6	815	—	815
Artificial Eyes	12	6,080	—	6,080
Other Services	3	48	—	40
Total Dispenser Services	**5,062**	**$ 70,083**	**$109,210**	**$179,294**
Other Payees	55	$ 2,314	—	$ 2,314
Total Optometric Services	**17,912**	**$ 72,397**	**$109,210**	**$714,991**
Plus: Net of claims received for services provided in 1988-89 but paid in 1989-90, and claims for services provided in 1989-90 but paid in 1990-91. This adjustment is made to reflect the cash basis of accounting used in the Public Accounts.				68
Total				**$715,059**

Children's Dental Program

Saskatchewan Health implemented a comprehensive dental care program for children in 1974. The objective of the program is to improve the dental health of children by providing preventive, treatment and education services to Saskatchewan children. The program is designed to provide dental care during the formative years and to establish positive habits for dental health which children will carry into adulthood.

From 1974 to 1987 most services were provided in school-based clinics by teams of dentists, dental therapists and assistants employed by the department. Dental teams generally visited most elementary schools in the province once per year and provided a basic scope of services to children enrolled in the plan. The plan operated on a "school year" basis; i.e. September to August of the following calendar year.

In the school year 1981-82 a bridging program was developed to support the transition of adolescents to private practice dentists. The program consisted of the assignment of adolescents to specific dentists by the parents or guardians. The Department of Health contracted to make a capitation payment (or uniform fee) to the College of Dental Surgeons of Saskatchewan for each adolescent making one or more visits to a participating dentist. The College remunerated each dentist according to a fee schedule designed for the plan. A prescribed range of services was provided at no charge to the parents.

In 1987 the capitation model was expanded to encompass all children born between 1974 and 1982; i.e. ages 5 to 13 inclusive. The program name was changed from the Saskatchewan Health Dental Plan to the Children's Dental Program. The new program came into effect on September 1, 1987. The time at which children became eligible for the Children's Dental Program was modified effective September 1, 1988. Rather than becoming eligible for dental services in September of the year in which they turned five, children became eligible in the month they turned five. In addition to being easier for parents to understand, this change provided earlier access to dental services for most 5 year olds.

Services in the program year 1989-90 were provided by over 300 private practice dentists in Saskatchewan, by the Saskatchewan Institute of Applied Science and Technology in Regina, and by the College of Dentistry clinic at the University of Saskatchewan. Several dentists in Alberta and Manitoba, located near the borders, also participated in the program for the convenience of Saskatchewan residents.

Dental health education was provided to over 112,000 students in Kindergarten through Grade 6 by the Community Health - Prevention Services Branch. In addition, the Northern Health Services Branch provides a program of prevention, treatment and dental health education to children resident in Northern Saskatchewan. Detailed information on these activities is available in other reports of the Department.

Children's Dental Program (Continued)

Table 28. Registration in the Children's Dental Program at August 31, 1990 (Excludes Registered Indians)

Age Group	Number Eligible	Number Registered	Percent Registered
Total	**132,758**	**123,916**	**93.3**
Born 1976	5,732	5,403	94.3
1977	14,262	13,517	94.8
1978	14,137	13,510	95.6
1979	14,653	14,065	96.0
1980	14,562	13,986	96.0
1981	14,671	14,125	96.3
1982	15,027	14,441	96.1
1983	14,963	13,927	93.1
1984	14,761	13,216	89.5
1985	9,990	7,726	77.3

Table 29. Registration in the Children's Dental Program by Registered Indians at August 31, 1990

Age Group	Number Eligible	Number Registered	Percent Registered
Total	**11,637**	**7,966**	**68.5**
Born 1976	446	342	76.7
1977	1,124	853	75.9
1978	1,182	908	76.8
1979	1,190	913	76.7
1980	1,219	933	76.5
1981	1,330	1,024	77.0
1982	1,313	1,002	76.3
1983	1,390	950	68.4
1984	1,407	756	53.7
1985	1,036	284	27.4

Children's Dental Program (Continued)

Table 30 - Registration of Eligible Children by Location at August 31, 1990

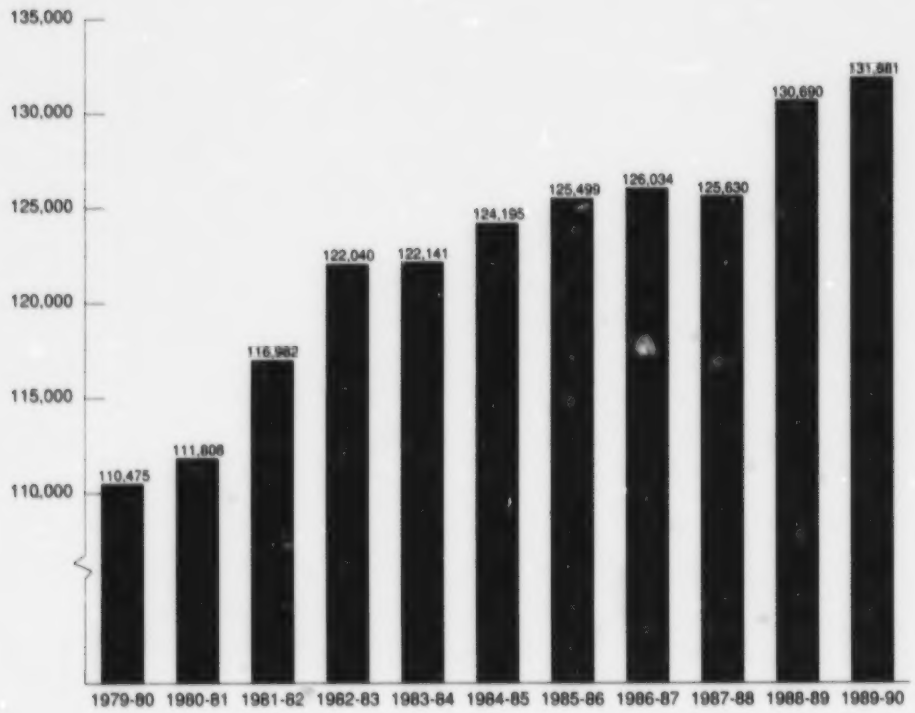
Location	Number Eligible	Number Registered	% of Eligible Registered	Number Receiving Services	% Registered Receiving Services
All Children (Excluding Registered Indians)					
Rural	65,978	62,775	95.2	58,786	93.7
Urban	66,780	61,141	91.6	54,958	89.9
Totals	**132,758**	**123,916**	**93.3**	**113,744**	**91.8**
Registered Indian Children					
Rural	7,020	4,838	68.9	3,703	76.5
Urban	4,617	3,127	67.7	2,270	72.6
Totals	**11,637**	**7,965**	**68.5**	**5,973**	**75.0**
All Eligible Children					
Rural	72,998	67,613	92.6	62,489	92.4
Urban	71,397	64,268	90.0	57,228	89.0
Totals	**144,395**	**131,881**	**91.3**	**119,717**	**90.8**

Note: Urban locations include the following:

Estevan	*Regina*
Lloydminster	*Saskatoon*
Moose Jaw	*Swift Current*
North Battleford	*Weyburn*
Prince Albert	*Yorkton*

Children's Dental Program (Continued)

Figure 5. Total Number of Children Ages 5-13 Registered in the Saskatchewan Health Dental Plan and the Children's Dental Program at August 31 of Each Year



Note: 1979-80 was the first year in which children aged 13 became eligible under the program.

Children's Dental Program (Continued)

Table 31. Dental Health of Children Examined, September 1989 to August 1990

	Average Number Per Child By Year of Birth								
	1976	1977	1978	1979	1980	1981	1982	1983	1984
Decayed, extracted or filled deciduous teeth (DEF)	—	—	—	—	—	**2.96**	**2.78**	**2.55**	**2.33**
— decayed	—	—	—	—	—	0.61	0.80	1.04	1.47
— extracted	—	—	—	—	—	0.04	0.05	0.04	0.02
— filled	—	—	—	—	—	2.29	1.93	1.47	0.83
Decayed, missing or filled permanent teeth (DMF)	**2.79**	**2.10**	**1.58**	**1.14**	**0.93**	**0.75**	**0.42**	**0.19**	**0.03**
— decayed	0.76	0.62	0.45	0.33	0.32	0.33	0.26	0.15	0.03
— missing	0.03	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00
— filled	1.98	1.45	1.11	0.80	0.61	0.41	0.15	0.03	0.00
Total DEF plus DMF	**3.01**	**2.70**	**2.87**	**3.30**	**3.70**	**3.71**	**3.21**	**2.75**	**2.37**
Percent of Children with DMF of 0	29.3	37.2	43.8	53.2	58.7	65.0	78.9	89.4	97.8
Percent of Children with DEF of 0	—	—	—	—	—	32.4	37.5	43.2	49.0
Percent of DMF plus DEF of 0	—	—	—	—	—	27.0	34.4	41.4	48.7
Decayed deciduous and permanent teeth	—	—	—	—	—	0.95	1.06	1.20	1.50
Filled deciduous and permanent teeth	—	—	—	—	—	2.71	2.09	1.51	0.84
Ratio of filled deciduous and permanent teeth to DMF plus DEF	—	—	—	—	—	0.72	0.65	0.54	0.35
Ratio of missing plus extracted to filled teeth	0.02	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.03
Permanent teeth erupted, not decayed	22.81	21.51	18.67	14.95	12.05	10.16	8.17	4.35	1.22
Deciduous teeth filled and redecayed	—	—	—	—	—	0.06	0.07	0.06	0.04
Permanent teeth filled and redecayed	0.03	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.00

Note: Dental health indices on deciduous teeth for children born from 1976 to 1980 have not been reported since too high a proportion of deciduous teeth have already been shed.

Children's Dental Program (Continued)

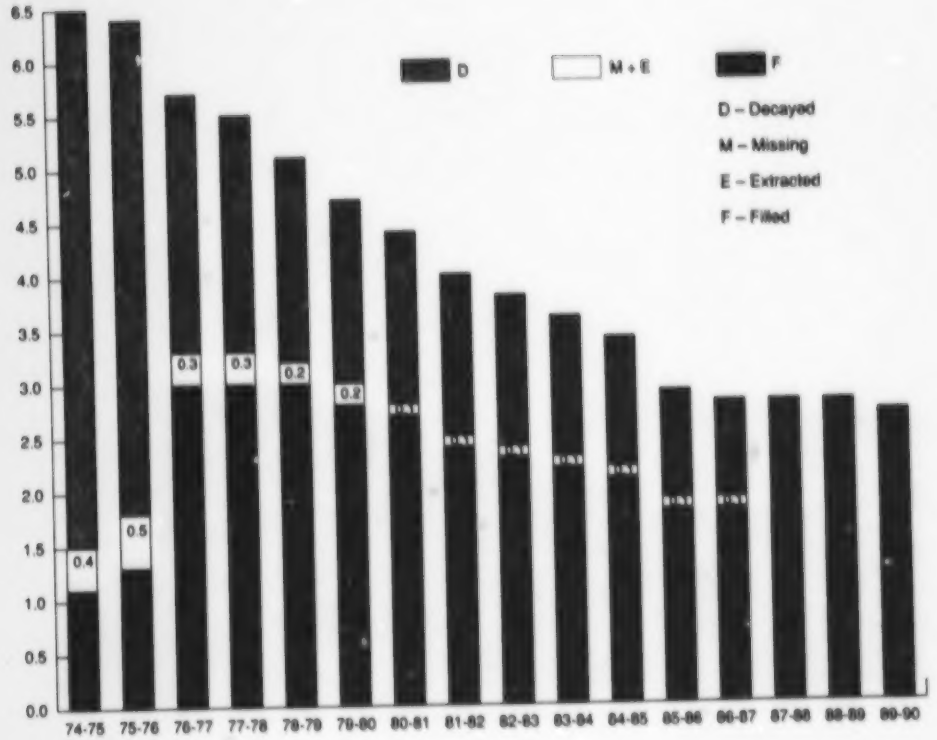
Table 32. Progression of Decayed, Missing and Filled Permanent Teeth By Age, 1974-75 to 1989-90

Program Year	Age							
	6	7	8	9	10	11	12	13
1974-75	.94	—	—	—	—	—	—	—
1975-76	.80	1.95	—	—	—	—	—	—
1976-77	.72	1.81	2.71	3.10	—	—	—	—
1977-78	.67	1.52	2.54	3.21	3.68	—	—	—
1978-79	.57	1.46	2.26	3.01	3.65	4.42	5.23	—
1979-80	.53	1.24	2.08	2.69	3.43	4.20	5.24	6.25
1980-81	.38	1.17	1.80	2.47	3.07	3.94	4.96	6.26
1981-82	.32	.93	1.76	2.30	2.96	3.63	4.71	5.86
1982-83	.31	.83	1.45	2.27	2.76	3.43	4.33	5.48
1983-84	.26	.71	1.23	1.80	2.57	3.18	4.05	4.99
1984-85	.23	.61	1.08	1.55	2.14	2.94	3.67	4.61
1985-86	.17	.52	.88	1.32	2.78	2.42	3.35	4.06
1986-87	.14	.39	.78	1.14	1.55	2.13	2.90	3.82
1987-88	.22	.44	.69	1.07	1.41	1.91	2.52	3.39
1988-89	.19	.50	.70	.90	1.29	1.71	2.30	2.98
1989-90	.19	.42	.75	.93	1.14	1.58	2.10	2.79

Note: This table shows the improvements in the number of decayed, missing and filled permanent teeth for individual age groups from the 1974-75 program year to the 1989-90 program year. For example, the number of decayed, missing and filled permanent teeth for the average 10 year old child declined from 3.68 in 1977-78 to 1.14 in 1989-90.

Children's Dental Program (Continued)

Figure 6. Total DMF and DEF for the Average Six Year Old Child by Program Year



Note: The missing plus extracted teeth for the average six year old was 0.01 in 1987-88, 0.03 in 1988-89, and 0.04 in 1989-90.

Children's Dental Program (Concluded)

Table 33. Clinical Services Provided Under The Children's Dental Program, September 1989 to August 1990

Service Description	Number (By Year of Birth)											
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	Totals
Diagnostic												
Examinations	1,580	11,049	11,506	11,891	12,544	12,529	12,838	13,039	12,843	11,699	4,579	116,297
Periapical Radiograms	154	1,261	1,386	1,343	1,582	1,751	2,011	1,936	1,572	1,286	349	14,633
Occlusal X-rays	56	309	294	379	409	473	589	749	802	707	183	4,950
Panoramic Radiograms	0	4	6	2	2	1	2	0	2	0	0	19
Bitewing X-rays (one film)	4	26	27	31	37	39	45	48	40	48	11	356
Bitewing X-rays (two films)	1,202	8,889	9,086	9,328	9,977	10,033	10,419	10,459	10,061	9,009	3,269	91,732
Diagnostic Models	9	71	95	87	95	131	174	176	79	47	17	980
Preventive												
Dental Prophylaxis, oral hygiene instruction, light scaling, topical fluoride application	1,530	10,709	11,164	11,535	12,189	12,159	12,424	12,554	12,262	11,202	4,272	112,000
Pit and Fissure Sealants	1,078	6,782	9,096	6,360	3,962	3,709	6,910	13,708	12,334	3,269	120	69,328
Space Maintainers	1	10	17	33	50	97	172	279	184	105	13	961
Restorative												
Caries Control	4	49	84	69	77	117	139	144	170	212	99	1,164
Amalgam Restorations												
— Primary Tooth	4	114	374	1,106	3,032	5,652	8,278	10,398	12,586	15,690	5,206	62,440
— Permanent Tooth	1,184	9,445	7,115	5,407	4,324	4,201	4,712	3,678	2,256	402	29	42,753
Retention Pins for Restorations	7	82	54	61	58	53	60	27	14	3	0	419
Acrylic or Composite Restorations	135	1,318	983	937	721	602	517	271	79	6	3	5,572
Crowns — Stainless Steel or Acrylic	16	147	83	142	298	536	867	1,361	1,726	2,393	809	8,380
Endodontic												
Therapeutic Apical Closure	0	4	16	8	6	20	22	15	0	0	0	91
Pulpotomy — Permanent Tooth	1	22	12	14	5	23	17	11	5	3	0	113
Pulpotomy — Primary Tooth	0	11	29	74	244	502	765	1,237	1,644	2,381	831	7,718
Root Canal	9	97	80	69	58	45	14	6	1	0	0	379
Trephination	0	1	4	5	2	2	4	0	0	0	0	18
Reposition Traumatically Displaced Tooth	4	11	16	11	21	24	19	18	8	3	0	135
Prosthetic												
Full Dentures	0	0	0	0	1	0	0	0	0	0	0	1
Partial Dentures	2	20	11	11	9	4	5	6	0	1	0	67
Partial Denture Repairs	0	3	8	1	10	2	4	1	0	0	0	29
Oral Surgery												
Extractions	135	1,827	3,213	4,401	4,352	3,904	3,811	4,174	3,647	2,178	352	31,994
Other Procedures	9	119	115	106	115	112	145	168	230	276	80	1,475
Adjunctive Services												
Palliative Treatments	0	54	75	83	98	143	153	153	159	165	31	1,114
Hospital Visits	0	6	11	7	10	16	27	39	119	209	71	515